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ABSTRACT

This curriculum guide provides materials for a five-unit home health aide course. Each unit contains 4 to 36 lesson plans. Unit topics and representative lesson plan topics are as follows: (1) introduction (ethical and legal responsibilities, time management, reporting and recording); (2) communication (techniques, meeting the public, therapeutic communication with the patient); (3) homemaking services essential to health care needs (accident prevention, disaster guidelines, resource management, home laundry, general housekeeping); (4) nutrition (basic food groups and food buying, preparation, and storage); and (5) personal care skills (oral hygiene; baths; grooming; dressing; measuring temperature, pulse, respiration, and blood pressure; bandaging; exercise needs; and physically assisting the patient). Each lesson plan contains some or all of the following components: scope of unit; lesson objectives; supplementary teaching/learning items; student informational assignment; references (instructor's additional information); introduction; outline of key points; interaction items (review questions); classroom, laboratory, shop, or other activities; evaluation items; answers to evaluation items; and handouts. Diagrams of systems of the human body are appended. (YLB)

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HOMEMAKER/HOME HEALTH AIDE

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HOMEMAKER/HOME HEALTH AIDE

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LESSON PLAN: 1

COURSE TITLE: HOME HEALTH AIDE

UNIT I: INTRODUCTION

SCOPE OF UNIT: This unit gives the student an introduction of the Home Health Aide Course, the ethical and legal responsibilities, effective management of time and stresses the value of accurate documentation. This unit also shows the Home Health Aide how he/she may grow and develop as a very important member of the health care team.

LESSON TITLE: BECOMING A HOME HEALTH AIDE

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Define home health aide.
2. Name study habits.
3. List four out of six items allowable in dress codes.
4. Define professional conduct.
5. Identify personnel policies.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Culver, Vivian M. Modern Bedside Nursing. Philadelphia: W.B. Saunders Company, 1969.

Rosdahl, Caroline B. and Elea M. Thompson. Textbook of Basic Nursing. Philadelphia: J.B. Lippincott Company, 1973.

Ross, Carmen F. Personal and Vocational Relationships in Practical Nursing. Philadelphia: J.B. Lippincott Company, 1969.

INTRODUCTION:

LESSON PLAN: 1

COURSE TITLE: HOME HEALTH AIDE

UNIT I: INTRODUCTION

LESSON TITLE: BECOMING A HOME HEALTH AIDE

OUTLINE: (Key Points)

I. Becoming A Home Health Aide

  A. Overview of training program

    1. What is a home health aide?

       A person who has a sympathetic attitude toward the care of the sick and wants to help another to meet the daily needs for personal care when the person assisted can no longer care for himself/herself because of some physical or mental incapacity. The direct assistance for personal care is given in the patient's place of residence.

    2. The training program will ensure the aide instruction of assisting patients to achieve maximum self-reliance, principles of nutrition and meal preparation, the aging process and emotional problems of illness, maintaining a clean, healthful, and pleasant environment, changes in patient's condition that should be reported, working as a member of the health care team, ethics, confidentiality, and record keeping.

  B. Study habits

    1. Establishment of goals

    2. A place to study

    3. How to read for better understanding

    4. Think - do not merely memorize or rehearse

    5. Profit from lectures; listening is a complex skill

    6. Take notes - review immediately after class

    7. Participation in discussions

  C. Dress code

    1 Personal appearance

    2. Personal hygiene

3. Use of makeup
4. Perfume
5. Jewelry
6. Uniform as written in policies of each agency

D. Professional conduct
1. Emotional stability and calm disposition
2. Ability to keep confidences
3. Obedience and respect for authority
4. Cooperation and willingness to accept direction
5. Reliability and honesty
6. Sympathy for and interest in people
7. Courtesy and tact

E. Overview of personnel policies
1. Qualifications of each discipline
2. Employment standards - probation, regular
3. Hours of work
4. Job description
5. Holidays
6. Annual leave
7. Sick leave - self, family
8. Funeral leave
9. Jury duty
10. Insurance
11. Health examination
12. Pay periods
13. Personal problems not discussed
14. Acceptance of gifts

F. Overview of mission

1. The performance of simple procedures or an extension of therapy services

2. Personal care

3. Ambulation and exercise

4. Household services essential to health care at home

5. Reporting changes in the patient's conditions and needs

6. Completing appropriate records

II. Summary and Conclusion

A. Discuss Interaction Items.

B. Review Key Points.

LESSON PLAN: 1

COURSE TITLE: HOME HEALTH AIDE

UNIT I: INTRODUCTION

LESSON TITLE: BECOMING A HOME HEALTH AIDE

INTERACTION ITEMS:

1. What is a home health aide?
2. Why are good study habits essential?
3. Why is a dress code important?
4. What is your concept of professional conduct?

CLASSROOM, LABORATORY, SHOP OR OTHER ACTIVITIES:

1. Have four students dress properly and four students dress improperly. The rest of the students identify each.
2. Write an article telling why you want to be a home health aide.

LESSON PLAN: 1

COURSE TITLE: HOME HEALTH AIDE

UNIT I: INTRODUCTION

LESSON TITLE: BECOMING A HOME HEALTH AIDE

Evaluation Items:

1. Name four study habits
   a.
   b.
   c.
   d.

2. List four aspects of dress code.
   a.
   b.
   c.
   d.

3. List four traits of professional conduct.
   a.
   b.
   c.
   d.

4. List eight aspects of personnel policies.
   a.
   b.
   c.
   d.

e.

f.

g.

h.

In the space provided, place a "T" if the statement is true or an "F" if the statement is false.

_____ 5. A home health aide is a person who has a sympathetic attitude toward the care of the sick and wants to help another to meet the daily needs for personal care when the person assisted can no longer care for himself/herself because of some physical or mental incapacity.

_____ 6. The mission of the home health aide includes patient personal care, ambulation and exercise, the performance of simple procedures and therapy services, prescribing medications, and reporting changes in the patient's conditions and needs.

LESSON PLAN: 1

COURSE TITLE: HOME HEALTH AIDE

UNIT I: INTRODUCTION

LESSON TITLE: BECOMING A HOME HEALTH AIDE

Answers to Evaluation Items:

1. See Outline I. B.
2. See Outline I. C.
3. See Outline I. D.
4. See Outline I. E.
5. T
6. F

LESSON PLAN: 2

COURSE TITLE: HOME HEALTH AIDE

UNIT I: INTRODUCTION

SCOPE OF UNIT: This unit gives the student an introduction of the Home Health Aide Course, the ethical and legal responsibilities, effective management of time and stresses the value of accurate documentation. This unit also shows the Home Health Aide how he/she may grow and develop as a very important member of the health care team.

LESSON TITLE: ETHICAL AND LEGAL RESPONSIBILITIES

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Discuss legal and ethical responsibilities.
2. Match legal terms with definitions.
3. Interpret employment contracts.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Culver, Vivian M. Modern Bedside Nursing. Philadelphia: W.B. Saunders Company, 1969.

Rosdahl, Caroline B. and Ella M. Thompson. Textbook of Basic Nursing. Philadelphia: J.B. Lippincott Company, 1973.

Ross, Carmen F. Personal and Vocational Relationships in Practical Nursing. Philadelphia: W.B. Saunders Company, 1969.

INTRODUCTION:

LESSON PLAN: 2

COURSE TITLE: HOME HEALTH AIDE

UNIT I: INTRODUCTION

LESSON TITLE: ETHICAL AND LEGAL RESPONSIBILITIES

OUTLINE: (Key Points)

I. Ethical and Legal Responsibilities

  A. Confidentiality

    1. The home health aide is a guest in the patient's home with written instructions from the registered nurse as to what duties h/she is to perform.

    2. The registered nurse must have written physician's orders from the patient's physician.

    3. The aide must be taught what h/she sees and hears in that home must be kept confidential.

    4. Reporting to the other members of the health care team and in the clinical record what pertains to the patient and the care given.

  B. Standards

    1. Federal Regulations 5 Sub-part L 405.227

    2. Home Health Licensing Law (Presently HB51)

    3. Missouri's Nursing Practice Act

  C. Patient/client's rights

    1. Patients have the right to competent, concerned, individualized care without regard to race, creed, color, age, sex or national origins.

    2. The patient has the right to expect the home health agency to recommend services, evaluation and referrals appropriate to the nature of his/her illness and rehabilitation plan regardless of their ability to pay.

    3. The patient has the right to expect the home health agency to maintain a written care plan for patient care and to participate in all decisions affecting his/her care and plan of treatment.

4. The patient has the right to be fully informed as to the nature and method of care to be rendered, to be advised as to the medical consequences of treatment and to refuse any treatment plan, except where medical contraindications of partial treatment exist.

5. The patient has the right to health teaching directed toward the goals of health promotion and increased understanding.

6. The patient has the right to know the name and title of those people responsible for coordinating, rendering, and supervising their personal care including the identity of other health care providers with which the agency has contractual relationships.

7. The patient has the right to have his/her privacy respected and all medical and financial information treated as confidential.

8. The patient has the right to examine, question and receive a full explanation of any bill regardless of source of payment.

9. Upon request, the patient has the right to a written statement of services offered, including frequency and unit charge.

10. The patient has the right to contact the agency's appropriate supervisor of care twenty-four hours daily, seven days a week. Contact can be made by telephone, mail or in person.

11. The patient has the right to submit, at any time, a written consumer complaint. Such communication shall be directed to the Administrator of the agency. The filing of such complaint will not disrupt service and will be investigated within five working days after receipt of such complaint. Summary reports shall be presented to the Professional Advisory Board.

D. Legal limitations

N/A See (B) Standards. Also each individual agency and each state may define the legal duties of each aide according to federal and state regulations.

E. Definition of legal terms

1. Assault - threat or attempt to injure another in an illegal manner.

2. Battery - unlawful touching of another person without his/her consent, with or without resultant injury.

3. Consent - permission granted voluntarily by a person in his/her right mind.

4. Duty of care - the obligation under law for a health care worker to perform services for a patient which meet the common standards of practice expected of his/her community for a comparable worker.

5. Ethics - the discipline dealing with what is good and bad and with moral duty and obligation.

6. False imprisonment - holding or detaining a person against his/her will.

7. Invasion of privacy - a civil wrong that unlawfully makes public knowledge of any private or personal information without the consent of the wronged person.

8. Libel - a civil wrong; to communicate in writing defamatory matter about an individual or group to a third party.

9. Malpractice - professional care that has led to injury, due to faulty practice or neglect.

10. Negligence - failure to perform in a reasonably prudent manner.

11. Privileged communication - any personal or private information which is relevant to his/her care, given by a patient to medical personnel.

12. Slander - oral or written statement of false charges or misrepresentations which defame or damage another's reputation.

13. Breach - breaking of a law, or of any obligation or contract.

14. Custom - long-established practice; an accepted behavior.

15. Conduct - one's actions in general; behavior.

16. Ideal - a standard of perfection or excellence.

17. Unethical - not ethical; not representative of ideal behavior.

18. Value system - behavior, pattern of conduct or ideas that are accepted as worthwhile or meaningful.

F. Contracts

1. A contract is a binding agreement written between two or more persons.

2. It consists of a promise that is enforceable by law including the following:

   a. The service to be provided

   b. Personnel qualifications

   - c. Responsibility for participating in the care of the patient
   - d. The manner in which services will be controlled and supervised
   - e. Procedure for submitting visit reports
   - f. Procedure for determining charges

II. Summary and Conclusion

   - A. Discuss Interaction Items.
   - B. Review of Key Points.

LESSON PLAN: 2

COURSE TITLE: HOME HEALTH AIDE

UNIT I: INTRODUCTION

LESSON TITLE: ETHICAL AND LEGAL RESPONSIBILITIES

INTERACTION ITEMS:

1. Why is confidentiality important?
2. What is the importance of patient rights?
3. Why should a home health aide be familiar with legal terms and responsibilities?
4. What should be specified in a contract?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Read and discuss Federal Regulation 5 Sub-part L, Home Health Licensing Law, and Missouri's Nursing Practice Act.

LESSON PLAN: 2

COURSE TITLE: HOME HEALTH AIDE

UNIT I: INTRODUCTION

LESSON TITLE: ETHICAL AND LEGAL RESPONSIBILITIES

Evaluation Items:

In the space provided, place a "T" if the statement is true or an "F" if the statement is false.

_____ 1. The home health aide must learn what is seen and heard in a patient's home or in the office is strictly confidential.

_____ 2. Home health standards are as designed by Federal Regulations 5 Sub-part L 405.227, the Home Health Licensing Law, and the Interational Nursing Practice Act.

_____ 3. Personnel from the home health agency should never discuss the care plan with the patient.

_____ 4. Patients have the right to competent, concerned individualized care without regard to race, creed, color, age, sex, or national origins.

_____ 5. A contract is a binding agreement between two or more persons, consisting of a promise that is enforcable by law.

Match the following legal terms with their definitions. Place the letter of the response in the space provided.

_____ 6. Holding or detaining a person against his/her will.

_____ 7. One's actions in general; behavior.

_____ 8. Oral or written statement of false charges or misrepresentations which defame or damage another's reputation.

_____ 9. Threat or attempt to injure another in an illegal manner.

_____ 10. Breaking of a law, or of any obligation or contract.

_____ 11. A civil wrong; to communicate in writing defamatory matter about an individual or group to a third part.

_____ 12. Failure to perform in a reasonably prudent manner.

_____ 13. Professional care that has led to injury, due to faulty practice or neglect.

_____ 14. The discipline dealing with what is good and bad and with moral duty and obligation.

_____ 15. Not ethical; not representative of ideal behavior.

a. Unethical
b. Libel
c. Slander
d. False imprisonment
e. Breach
f. Malpractice
g. Ethics
h. Assault
i. Negligence
j. Conduct

LESSON PLAN: 2

COURSE TITLE: HOME HEALTH AIDE

UNIT I: INTRODUCTION

LESSON TITLE: ETHICAL AND LEGAL RESPONSIBILITIES

Answers to Evaluation Items:

1. T
2. F
3. F
4. T
5. T
6. d
7. j
8. c
9. h
10. e
11. b
12. i
13. f
14. g
15. a

LESSON PLAN: 3

COURSE TITLE: HOME HEALTH AIDE

UNIT I: INTRODUCTION

SCOPE OF UNIT: This unit gives the student an introduction of the Home Health Aide Course, the ethical and legal responsibilities, effective management of time and stresses the value of accurate documentation. This unit also shows the Home Health Aide how he/she may grow and develop as a very important member of the health care team.

LESSON TITLE: HOME HEALTH TEAM

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Identify members of home health team.
2. Match members of team with their responsibilities.
3. Define purpose of case conferences.
4. Discuss role home health aide has in conferences.

SUPPLEMENTARY TEACHING/LEARING ITEMS:

1. Handout #1: Organizational Diagram of a Home Health Agency

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Ross, Carmen F. Personal and Vocational Relationships in Practical Nursing. Philadelphia: J.B. Lippincott Company, 1969.

INTRODUCTION:

LESSON PLAN: 3

COURSE TITLE: HOME HEALTH AIDE

UNIT I: INTRODUCTION

LESSON TITLE: HOME HEALTH TEAM

OUTLINE: (Key Points)

I. Home Health Team

   A. Organizational structure of a home health agency

      1. Lines of authority for the delegation of responsibility down to patient care level are clearly set forth in writing and are readily identifiable. (See Handout #1.)

   B. Team members

      1. Physicians - graduate of a school of medicine and licensed by the state in which he/she is practicing (M.D.); graduate of a school of osteopathy and is licensed to practice osteopathic medicine in the state where he/she is working (D.O.)

         a. Diagnosis

         b. Orders medication and treatments

         c. Guides plan of care

         d. Serves in the advisory board of the home health agency

      2. Administrator

         a. Organizes and directs the agency's ongoing function

         b. Maintains ongoing liaison among the governing body, the advisory board and the staff

         c. Professional nurse cooperates with the administrator to employ qualified personnel and ensure adequate staff education and evaluations.

         d. Ensures the accuracy of public information

         e. Implements an effective budgeting and accounting system

      3. Professional registered nurse (R.N.)

         a. Three types

    - (1) Bachelor's degree (B.S.N.) - a graduate of a four-year university
    - (2) Associate degree (A.D.N) - a graduate of a two-year junior or community college
    - (3) Diploma - a graduate of a three-year diploma from a hospital nursing school

  - b. All professinal registered nurses must pass a State Board of Nursing examination upon completion of their education program and renew the license annually.

  - c. Duties
    - (1) Make the initial evaluation visit
    - (2) Regularly re-evaluates the patient's nursing needs
    - (3) Initiates the plan of treatment and necessary revisions
    - (4) Provides those services requiring substantial specialized nursing skill
    - (5) Initiates appropriate preventive and rehabilitative nursing procedures
    - (6) Supervises and teaches other nursing personnel

4. Licensed practical nurse (L.P.N)
  - a. Length of training is one year.
  - b. All licensed practical nurses must pass a State Board of Nursing examination upon completion of their educational program.
  - c. Duties
    - (1) Assist the physician and/or registered nurse in performing specialized procedures
    - (2) Prepares clinical and program notes
    - (3) Prepares equipment and materials for treatments observing accepted technique as required
    - (4) Assists the patient in learning appropriate self-care techniques

5. Therapy services
  - a. Physical therapist

(1) A graduate of an accredited school of physical therapy and is licensed in this state and renewed annually

b. Speech therapist

(1) A graduate of a master's degree program in speech or audiology and possessing a Certificate of Clinical Competence and licensed to practice speech therapy or audiology in this state and renew annually

c. Occupational Therapy

(1) A graduate of a school of occupational therapy accredited by the American Occupational Therapy Association

d. Duties of therapies

(1) Assists the physician in evaluating level of function

(2) Helps develop the plan of treatment

(3) Prepares clinical and progress notes

(4) Advises and consults with the family and other agency personnel

(5) Participates in inservice program

6. Medical social worker

a. A graduate of a master's degree program of social work accredited by the Council of Social Work Education and has one year of social work experience in a health care setting

b. Duties

(1) Assists the physician and other team members in understanding the significant social and emotional factors related to health problems

(2) Participates in the development of the plan of treatment

(3) Prepares clinical and program notes

(4) Works with the family

(5) Utilizes appropriate community resources

(6) Participates in discharge planning and inservice programs

    - (7) Acts as a consultant to other agency personnel

7. Home health aide

   a. Home health aides are seleted on the basis of such factors as a sympathetic attitude toward the care of the sick, ability to carry out directions and complete a course.

   b. Duties

      (1) The performance of procedures as an extension of therapy services

      (2) Personal care

      (3) Ambulation and exercise

      (4) Household services essential to health care at home

      (5) Assistance with medications that are ordinarily self-administered

      (6) Reporting changes in the patient's conditions and needs

      (7) Completing appropriate records

C. Case conference participation

1. Purpose of case conference

   a. Effective interchange and reporting system

   b. Coordinated patient evaluation

2. Participation from all members of the health care team

   a. Each member of the service team has specific responsibilities to other team members,

   b. Home health aide - responsibilities reporting in the following

      (1) The care or assistance the professionals have determined is needed

      (2) Giving personal care specified by and supervised by appropriate health professionals, to support overall medical treatment or alleviate the discomforts of illness or disability

      (3) To maintain the self-respect and dignity of the individual who is being helped, to encourage these persons to make their own decisions and to keep personal matters confidential

c. The home health aide's link with the other team members are:

(1) Willing to work as a member of the team and to accept guidance when it is given,

(2) Growing in self-awareness, skills and knowledge which can be used to help others,

(3) Carrying out the plan of care developed by the professional members of the team,

(4) Sharing observations of such changes with appropriate professional,

(5) Remaining alert to the individual so that one is aware of changes in physical, mental or emotional status that could influence,

(6) Maintaining progress notes that allow other team members to evaluate what has been done and what should be done or changed to improve care for the patient.

II. Summary and Conclusion

A. Discuss Interactions Items.

B. Review Key Points.

LESSON PLAN: 3

COURSE TITLE: HOME HEALTH AIDE

UNIT I: INTRODUCTION

LESSON TITLE: HOME HEALTH TEAM

INTERACTION ITEMS:

1. Who comprises a home health team?
2. Discuss the role played by each member of the home health team.
3. What is a case conference and what is its importance?
4. What is the home health aide's role in the case conference?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Without using home health team member's title, student gives clues of team member's role in patient care.
2. Discuss the status of interaction of personnel, using Handout #1: Organizational Diagram of a Home Health Agency.

LESSON PLAN: 3

COURSE TITLE: HOME HEALTH AIDE

UNIT I: INTRODUCTION

LESSON TITLE: HOME HEALTH TEAM

Evaluation Items:

In the space provided, place a "T" if the statement is true or an "F" if the statement is false. ✓

_____ 1. The case conference is an effective system of information exchange and reporting.

_____ 2. In a case conference, each member of the home health care team has specific responsibilities to other team members.

_____ 3. The home health aide is not required to attend case conferences.

_____ 4. The home health aide should remain alert and share observation of changes in the patient with the appropriate professional in the health care team.

_____ 5. The home health aide need not maintain patient progress notes.

Match the following members of the home health care team with the description of their responsibilities. Place the letter of the response in the space provided.

_____ 6. Responsible for patient diagnosis; guides plan of care; orders medications and treatments.

_____ 7. Organizes and directs affairs of agency.

_____ 8. Supervises and teachers other nursing personnel; makes initial patient evaluation; provides specialized nursing skills.

_____ 9. Assists physician and/or registered nurse in performing specialized procedures; assists patient in learning appropriate self-care techniques.

_____ 10. Assists in evaluation of patient's level of function; helps develop plan of treatment; includes physical, speech, and occupational services.

_____ 11. Assists physician and other team members in understanding the significant social and emotional factors related to health problems.

_____ 12. Duties include personal care, ambulation, and exercise; household services; reporting changes in patient's conditions and needs.

a. Home Health Aide
b. Professional Registered Nurse
c. Therapy Services
d. Physician
e. Licensed Practical Nurse
f. Administrator
g. Medical Social Worker

LESSON PLAN: 3

COURSE TITLE: HOME HEALTH AIDE

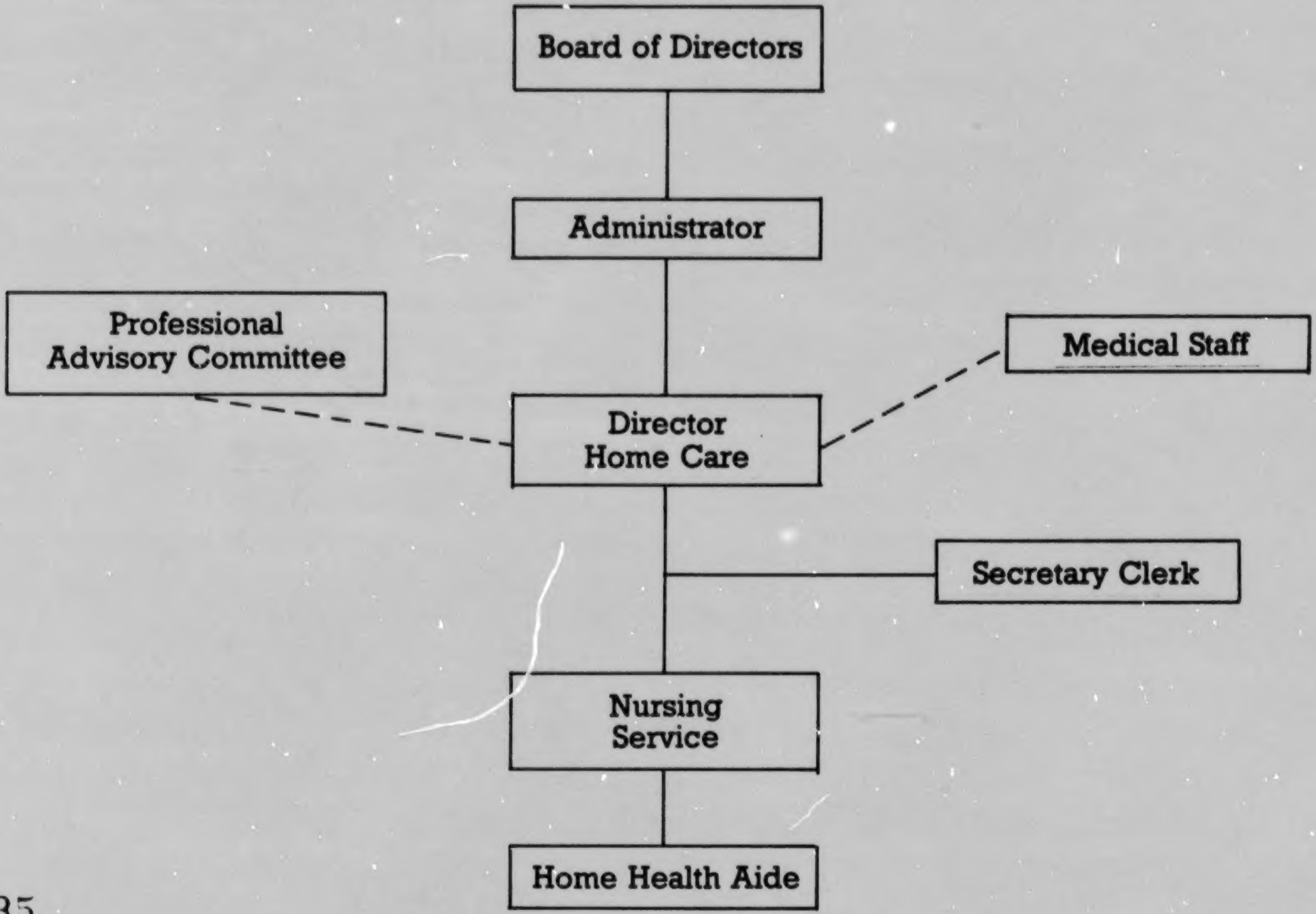
UNIT I: INTRODUCTION

LESSON TITLE: HOME HEALTH TEAM

Answers to Evaluation Items:

1. T
2. T
3. F
4. T
5. F
6. d
7. f
8. b
9. e
10. c
11. g
12. a

Organization Diagram of a Home Health Agency



Board of Directors

Administrator

Professional Advisory Committee

Medical Staff

Director Home Care

Secretary Clerk

Nursing Service

Home Health Aide

Handout 1

LESSON PLAN: 4

COURSE TITLE: HOME HEALTH AIDE

UNIT I: INTRODUCTION

SCOPE OF UNIT: This unit gives the student an introduction of the Home Health Aide Course, the ethical and legal responsibilities, effective management of time and stresses the value of accurate documentation. This unit also shows the Home Health Aide how he/she may grow and develop as a very important member of the health care team.

LESSON TITLE: TIME MANAGEMENT

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Plan a week's schedule.
2. List supplies that may be needed for patients.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Paper
2. Pen
3. Map (County)

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCE: (Instructor's Additional Information)

INTRODUCTION: This lesson will provide some basic concepts of time and energy conservation that may be applied to both personal and work activities. It should provide an understanding of the importance of the organization of activities.

LESSON PLAN: 4

COURSE TITLE: HOME HEALTH AIDE

UNIT I: INTRODUCTION

LESSON TITLE: TIME MANAGEMENT

OUTLINE: (Key Points)

I. Organization of Work

  A. Schedule each week from patient assignment by the registered nurse.

  B. Write down the supplies each patient will need.

  C. Map out schedule of patients so the least number of miles are traveled and travel time is lessened.

  D. Plan to the best of your ability the amount of time for each patient according to your written assignment.

  E. Conserve your energy at the patient's home by organizing your work.

    1. For example, get linens before starting the bath, have towels, wash cloth, ~~and~~ soap, and clean clothes all together, ready for the patient.

    2. Concentrate on one task at a time.

    3. Remember you are a guest in the patient's home.

II. Effective Utilization of Time

  A. Break down the job operation

    1. Get ready.

    2. Do the assignment.

    3. Question your actions.

      a. Why is it necessary?

      b. What is the purpose?

      c. When should it be done?

      d. Where should it be done?

      e. What is the best way to do it?

B. Plan your time at home.

  1. Set aside a time for study.

  2. Plan time for family or friends.

  3. Plan time for yourself.

  4. Budget your time as well as your money.

III. Summary and Conclusion

A. Discuss Interaction Items.

B. Review Key Points.

LESSON PLAN: 4

COURSE TITLE: HOME HEALTH AIDE

UNIT I: INTRODUCTION

LESSON TITLE: TIME MANAGEMENT

INTERACTION ITEMS:

1. Can good time management help more than just during working hours?
2. How can planning ahead (i.e. location needed, supplies, etc.) help save time?
3. Why is it helpful to question your activities?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Each student is given the location of five patients in the geographic area served by the agency. The most effective visitation routes should be worked out.

LESSON PLAN: 4

COURSE TITLE: HOME HEALTH AIDE

UNIT I: INTRODUCTION

delete SOU on Evaluation Items Sheet

SCOPE OF UNIT: This unit gives ~~the student~~ an introduction of the Home Health Aide Course, the ethical and legal responsibilities, effective management of time and stresses the value of accurate documentation. This unit also shows the Home Health Aide how he/she may grow and develop as a very important member of the health care team.

LESSON TITLE: TIME MANAGEMENT

Evaluation Items:

In the space provided, place a "T" if the statement is true or an "F" if the statement is false.

_____ 1. The home health aide should make a work schedule twice daily.

_____ 2. By being familiar with assignments made by the registered nurse, the home health aide can plan the supplies that should be needed by a patient.

_____ 3. Concentrating on one task at a time is more efficient than trying to do several things at once.

_____ 4. You should never question the necessity and mode of execution of your actions.

_____ 5. Careful management of your personal time can be as beneficial as careful management of your work time.

BEST COPY AVAILABLE

LESSON PLAN: 4

COURSE TITLE: HOME HEALTH AIDE

UNIT I: INTRODUCTION

delete SOU on answers Pages

~~SCOPE OF UNIT: This unit gives the student an introduction of the Home Health Aide Course, the ethical and legal responsibilities, effective management of time and stresses the value of accurate documentation. This unit also shows the Home Health Aide how he/she may grow and develop as a very important member of the health care team.~~

LESSON TITLE: TIME MANAGEMENT

Answers to Evaluation Items:

1. F
2. T
3. T
4. F
5. T

BEST COPY AVAILABLE

LESSON PLAN: 5

COURSE TITLE: HOME HEALTH AIDE

UNIT I: INTRODUCTION

SCOPE OF UNIT: This unit gives the student an introduction of the Home Health Aide Course, the ethical and legal responsibilities, effective management of time and stresses the value of accurate documentation. This unit also shows the Home Health Aide how he/she may grow and develop as a very important member of the health care team.

LESSON TITLE: REPORTING AND RECORDING

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Define purpose of reporting and recording.
2. Identify basic rules for completing progress form.
3. Complete progress reports.
4. Match 40 commonly used terms.
5. Identify 30 commonly used abbreviations.
6. Match 15 terms used in medicare language.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Handout #1: Home Health Aide Service - Assignment Sheet
2. Handout #2: Patient Progress Notes

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

American Red Cross. Family Health and Home Nursing. New York: Doubleday and Company, Inc., 1979.

Bernzweig, Eli P. The Nurse's Liability for Malpractice. New York: McGraw-Hill Book Company, 1981.

Family Circle Magazine, Issue of 7/12/83.

Henderson, Virginia and Nite, Gladys. Principles and Practice of Nursing. 6th Edition. New York: Macmillan Company, 1978.

How to Live on Your Income. Pleasantville, NY: The Reader's Digest Association, Inc., 1970.

Rosdahl, Caroline B. and Thompson, Ella M. Textbook of Basic Nursing. Philadelphia: J.B. Lippincott Company, 1973.

U.S. Public Health Service

INTRODUCTION:

LESSON PLAN: 5

COURSE TITLE: HOME HEALTH AIDE

UNIT I: INTRODUCTION

LESSON TITLE: REPORTING AND RECORDING

OUTLINE: (Key Points)

I. Reporting and Recording

   A. Purpose

      1. The visit report serves as a communication with other members of the health care team.

      2. The documentation on the visit report serves as a legal document to provide evidence to regulatory agencies what care was given to the patient.

   B. Completion of forms used by home health aide

      1. See Handouts 1 and 2.

   C. Frequency of documentation

      1. Read your assignment sheet prior to making the home visit.

      2. Have note pad with you in the home to write down T.P.R. and B.P.

      3. Make additional notes as to what duties were performed as soon as you return to your car.

      4. Document accurately on the progress report in the office of the duties performed.

      5. Complete visit report the day the service was rendered.

   D. Basic rules

      1. Notes must be precise and exact.

      2. Do not skip lines.

      3. Use only approved abbreviations (see agency's nursing procedure manual).

      4. Complete proper headings on each clinical record.

      5. Never erase. Draw a line through an error. Write error and initial.

6. Use correct terminology.
7. Use direct quotes when describing an emotional state.
8. Use correct grammar, spelling, and punctuation (use dictionary).
9. Record self-help procedures and patient's reactions.
10. All charting is written in ink.
11. Always sign your name in full and job title (no initials).

II. Glossary of frequently used terms and abbreviations

1. Abrasion - a scraping off of the skin
2. Anemia - deficiency of blood
3. Anesthetic - a drug used in surgery which makes one insensitive to pain
4. Antidote - medication to counteract poison
5. Antiseptic - a substance which destroys disease germs
6. Arthritis - inflammation of a joint
7. Aseptic - free from disease germs
8. Astigamatism - a structural defect of the eye
9. Asphyxiation - loss of consciousness due to suffocation
10. Cardiac - relating to the heart
11. Catharsis - a cleansing or purging
12. Cathartic - purgative or laxative
13. Catheter - tube used to drain fluid from the bladder
14. Coagulation - formation of a clot
15. Coma - complete unconsciousness
16. Congenital - existing at birth
17. Contamination - infection by contact
18. Cranium - the skull
19. Cyst - an abnormal sac containing gas, fluid, or semi-solid matter

20. Dermatology - the branch of medical science that relates to the skin and its diseases

21. Diathermy - production of heat in the tissues by high frequency currents

22. Disinfectant - destroying the germs of disease

23. Dyspepsia - a disturbance of digestion

24. Electrocardiograph - an instrument for recording electric changes caused by contraction of heart muscles

25. Emetic - causing vomiting

26. Enema - a fluid injected into the rectum for the purpose of clearing out the bowels

27. Epidemic - the extensive prevalance in a community of a disease

28. Epidermis - outer portion of the skin

29. Expectorant - agent promoting ejection of mucous and sputum

30. Fluoroscopy - examination of the inner parts of the body by use of X-rays and a special screen

31. Forceps - a pair of tongs

32. Glaucoma - a disease of the eyeball

33. Gynecology - that branch of medicine which treats diseases of the genital tract in women

34. Hemoglobin - coloring matter of the blood

35. Hypertrophy - abnormal enlargement of an organ

36. Incubation - development of an infectious disease from the period of infection to that of the appearance of the first symptoms

37. Inoculation - introduction of the virus of a particular disease into the system through the skin

38. Lesion - a wound or injury

39. Lumbar - the part of the back between the thorax and the pelvis

40. Malignant growth - cancerous tumor which resists treatment and tends to reappear after removal

41. Microscope - an instrument for magnifying minute organisms

42. Obesity - overweight

43. Obstetrics - that branch of medicine concerned with the care and delivery of pregnant women

44. Ophthalmology - that branch of medicine concerned with diseases of the eye

45. Pediatrics - that branch of medicine concerned with diseases of the eye

46. Plasma - a fluid part of the blood

47. Pleura - membrane that envelops the lungs

48. Postnatal - occurring after birth

49. Prenatal - preceding birth

50. Psychiatry - that branch of medicine which specializes in diseases of the mind

51. Pulmonary - relating to the lungs

52. Rabies - an acute infectious disease which is transmitted by the bite of dogs and other infected animals

53. Respiration - breathing

54. Retina - inner structure of the eye

55. Sedative - medication used to quiet the nerves

56. Senescence - process of aging

57. Sepsis - poisoning of the system

58. Sputum - expectorated matter, especially mucus

59. Stethoscope - instrument used to listen to sounds in the chest

60. Subcutaneous - beneath the skin

61. Syphilis - an infectious venereal disease

62. Syringe - instrument used for injecting fluids

63. Thrombosis - formation of a blood clot in an artery or vein

64. Tourniquet - instrument used to stop the flow of blood from an artery due to injury to an arm or leg

65. Toxemia - a general poisoning of the blood

66. Transfusion - the transfer of blood from one person to another

67. Trauma - an injury

68. Vaccine - an inoculable immunizing agent

69. Vitamins - chemical substances, present in small amounts in foods, which are essential to health

III. Common Abbreviations Used

1.	A.C.	before meals
2.	P.C.	after meals
3.	qh	every hour
4.	q2h	every 2 hours
5.	qid	four times a day
6.	q.d.	every day
7.	bid	twice a day
8.	tid	three times a day
9.	a.m.	before noon
10.	p.m.	after noon
11.	h	hour
12.	h.s.	at bedtime
13.	ad lib	as desired
14.	p.v.n.	as necessary, as requested
15.	stat	at once, immediately
16.	C.	Centigrade
17.	c	with
18.	Cap.	capsule
19.	cc	cubic centimeter
20.	Comp.	compound
21.	dil	dilute
22.	elix	elixer
23.	ext.	extract
24.	F.	Fahrenheit

25.	fld, fl	fluid
26.	Gm	gram or grams
27.	gr.	grain or grains
28.	gtt,gtts	drop, drops
29.	hemo	blood
30	hypo,H.	hypodermically
31.	I.M.	intramuscularly
32.	I.V.	intravenously
33.	lb.	pound
34.	liq.	liquid
35.	os	mouth
36.	oz	ounce
37.	per	by
38.	q.s.	a sufficient quantity
39.	s	without
40.	ss	one-half
41.	sol	solution
42.	syr.	syrup
43.	tab.	tablet
44.	tr., tinct.	tincture
45.	tbsp.	tablespoonful
46.	tsp.	teaspoonful
47.	ung.	ointment
48.	C.B.C.	complete blood count
49.	W.B.C.	white blood count
50.	R.B.C.	red blood count
51.	B.P.	blood pressure

52.	T.	temperataure
53.	P. (T.P.R.)	pulse
54.	R.	respiration
55.	H.W.B.	hot water bottle
56.	S.S.	soap suds
57.	B.M.	bowel movement
58.	o.s.	mouth
59.	et.	and
60.	Neg.	negative
61.	O_2	Oxygen

IV. Medicare has a language of its own. The following are words phrases and abbreviations used by medicare personnel.

1.	AQL	acceptable quality level
2.	BCA	Blue Cross Association
3.	BHA	Bureau of Hearings and Appeals
4.	BHI	Bureau of Health Insurance
5.	Champus	Civilian Health and Medical Program of Uniformed Service
6.	DME	durable medical equipment
7.	EDP	electronic data processing
8.	ESRD	end stage renal disease
9.	GAO	general accounting office
10.	HCFA	Health Care Financing Administration
11.	HHA	Home Health Agency - A HHA is a public agency or private organization which provides skilled nursing care and other therapeutic services (physical, occupational, or speech therapy) in the home.
12.	HI	health insurance
13.	HIM	Health Insurance Claim Manual - The HIM manuals are government publications in which Medicare regulations are published for Medicare providers, intermediaries and carriers.

14.	HHS	Heath and Human Services (Formerly H.E.W. - Health, Education and Welfare). Overall responsibility for administration of Medicare. Specific responsibility within HHS has been given to Social Security Administration and its subsection, BHI.
15.	HIR	Health Insurance Regulations
16.	HMO	Health Maintenance Organization Home Health Claim - Form HCFA - 1487
17.	IEP	initial enrollement period
18.	IL	intermediary letter
19.	Intermediary	This is an organization which has agreed to process Medicare Claims by (1) determining the amount of program reimbursement which is due to providers for covered services furnished to beneficiaries and (2) making periodic payment of these amounts to providers.
20.	Level of Care	It is the degree of health care required for the proper treatment of the patient's medical needs.
21.	OPI	Office of Program Integrity
22.	PIP	Periodic Intermin Payment - Home health agencies which have submitted a certain dollar amount in claims and have a low error percentage on their claims may receive a weekly payment which approximates the amount they will usually submit in a week. At the end of each year, the home health agencies are audited and the total amount paid is adjusted according to the individual bills.
23.	Provider	Any hospital or home health agency which furnishes services to a Medicare beneficiary. Each Medicare provider is assigned a number which identifies the type of facility and the location of the facility.
24.	RFP	request for proposal
25.	ROE	report of eligibility
26.	RRA	Railroad Retirement Act
27.	S.A.	state agency
28.	SSA	Social Security Administration
29.	UR	utilization review
30.	VA	Veterans Administration

31. WC Workmen's Compensation

V. Summary and Conclusion

A. Review Key Points.

B. Discuss lists of terms and abbreviations.

C. Discuss Interaction Items.

LESSON PLAN: 5

COURSE TITLE: HOME HEALTH AIDE

UNIT I: INTRODUCTION

LESSON TITLE: REPORTING AND RECORDING

INTERACTION ITEMS:

1. What is the purpose of reporting and recording?
2. How frequently should written documentation occur?
3. What are the basic rules of reporting and recording?
4. Why should all charting be done in ink, with all errors so noted and initialed?
5. Why is it important to have a good knowledge of medical terminology and abbreviations as well as medicare terminology?

CLASSROOM, LABORATORY, SHOP OR OTHER ACTIVITIES:

LESSON PLAN: 5

COURSE TITLE: HOME HEALTH AIDE

UNIT I: INTRODUCTION

LESSON TITLE: REPORTING AND RECORDING

Evaluation Items:

In the space provided, place a "T" if the statement is true or an "F" if the statement is false.

_____ 1. The documentation of the visit report serves as a legal document to provide evidence to regulatory agencies what care was given to the patient.

_____ 2. Visit reports must be completed within one week of the date service was rendered.

3. List eight basic rules to observe when completing progress notes.

   a.

   b.

   c.

   d.

   e.

   f.

   g.

   h.

Match the following terms with their definitions. Place the letter of the response in the space provided.

a. Hypertrophy
b. Catharsis
c. Contamination
d. Expectorant
e. Pleura
f. Lesion
g. Lumbar
h. Thrombosis
i. Catheter
j. Aseptic
k. Abrasion
l. Prenatal
m. Forceps
n. Cardiac
o. Senescence
p. Retina
q. Sepsis
r. Dermatology
s. Tourniquet
t. Syringe
u. Congenital
v. Obesity
w. Epidermis
x. Arthritis
y. Hemoglobin
z. Subcutaneous
aa. Trauma

_____ 4. A cleansing or purging
_____ 5. Infection by contact
_____ 6. A pair of tongs
_____ 7. Abnormal enlargement of an organ
_____ 8. A scraping off of the skin
_____ 9. Tube used to drain fluid from the bladder
_____ 10. The part of the back between the thorax and the pelvis
_____ 11. Preceding birth
_____ 12. Free from disease germs
_____ 13. Formation of a blood clot in an artery or vein
_____ 14. Poisoning of the system
_____ 15. A wound or injury
_____ 16. Inner structure of the eye
_____ 17. Process of aging
_____ 18. Relating to the heart
_____ 19. Membrane that envelopes the lungs
_____ 20. Agent promoting ejecting of mucus and sputum
_____ 21. Existing at birth
_____ 22. Overweight
_____ 23. An injury
_____ 24. Outer portion of the skin
_____ 25. Beneath the skin
_____ 26. The branch of medical science that relates to the skin and its diseases
_____ 27. Instrument used to stop the flow of blood from an artery due to injury to an arm or leg
_____ 28. Coloring matter of the blood
_____ 29. Instrument used for injecting fluids
30. Inflammation of a joint

Identify the following abbreviations.

31. C

32. qid

33. B.P.

34. O_2

35. A.C.

36. F.

39. Gm.

40. q2h

41. O.S.

Match the following medical terms with their proper definitions. Place the letter of the response in the space provided

_____ 42. Aceptable quality level

_____ 43. Home Health Agency

_____ 44. Durable medical equipment

_____ 45. Organization which processes Medicare claims

_____ 46. Social Security Administration

_____ 47. End stage renal disease

_____ 48. Health and Human Services

_____ 49. Any hospital or home health agency which furnishes services to a Medicare beneficiary.

_____ 50. Report of eligibility.

a. HHA
b. ESRD
c. Provider
d. SSA
e. DME
f. ROE
g. Intermediary
h. HHS
i. AQL

LESSON PLAN: 5

COURSE TITLE: HOME HEALTH AIDE

UNIT I: INTRODUCTION

LESSON TITLE: REPORTING AND RECORDING

Answers to Evaluation Items:

1. T
2. F
3. See Outline I. D. Basic Rules 1 - 11.
4. b
5. c
6. m
7. a
8. k
9. i
10. g
11. l
12. j
13. h
14. g
15. f
16. p
17. o
18. n
19. e
20. d
21. aa
22. v

23. u

24. w

25. z

26. r

27. s

28. y

29. t

30. x

31. Centigrade

32. Four times a day

33. Blood pressure

34. Oxygen

35. Before meals

36. Fahrenheit

37. Gram

38. Teaspoon

39. With

40. Every two hours

41. By mouth

42. i

43. a

44. e

45. g

46. d

47. b

48. h

49. c

50. f

Handout 1

Department of Social Services
MISSOURI DIVISION OF HEALTH

Home Health Aide Service - Assignment Sheet

Name: ______________________________ **Phone:** ________________

Address: ____ **Age:** ____

Responsible Person: ________________________ **Phone:** ________________

Directions to Home: ____

____

__________________ employs your home health aide. Your home health aide's salary comes from us. This person has had special training for the work to be done in your home. These duties are outlined by the professional nurse according to your doctor's orders.

The primary responsibility of the home health aide is to give care to the ill member of the family. Changes in this assignment must be made through our office or through the professional nurse. Our phone number is __________ . Please feel free to call if you have any questions about this service.

YOUR AIDE WILL VISIT:

Monday Tuesday Wednesday Thursday Friday

HOME HEALTH SERVICES:

	Care to Be Given		Care to Be Given
		Range of Motion Exercises	
Bath		Skin Care	
Partial Bath	☐	Foot Soak	
Bed Bath	☐	Shampoo	
Tub Bath	☐	Linen Change	
Sponge Bath		Preparation of Diet	
Enema		Special Diet	
Eye Care		Family Relief	
Assist/Bathroom		Marketing	
Walk Patient		Feed Patient	

____________________________ ____________________________

AIDE'S SIGNATURE NURSE'S SIGNATURE

____________________________ ____________________________

DATE DATE

Handout 2

Department of Social Services
MISSOURI DIVISION OF HEALTH

Patient Progress Notes

Page no. ________

Patient Name: ____
LAST FIRST MIDDLE INSURANCE NUMBER

Address: ____

Duplicate Sent? YES ____ NO ____ Agency: ________________________ County: ____________

DATE	PROBLEM NUMBER	PROGRESS NOTES

LESSON PLAN: 1

COURSE TITLE: HOME HEALTH AIDE

UNIT II: COMMUNICATION

SCOPE OF UNIT: This unit will introduce the student to recognition of the different types of communication and skills required for each.

LESSON TITLE: COMMUNICATION TECHNIQUES

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Define verbal and nonverbal communication.
2. Identify the ways in which people communicate with each other.
3. Identify factors that promote effective communication.
4. Identify factors that prevent effective communication.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Bennett, Millard, and Corrigan, John D. Successful Communications and Effective Speaking. West Nyack, New York: Parker Publishing Company, Inc., 1972.

INTRODUCTION: Communication is a transference of information from a sender to a receiver. This information may be oral, written, or demonstrated.

LESSON PLAN: 1

COURSE TITLE: HOME HEALTH AIDE

UNIT II: COMMUNICATION

LESSON TITLE: COMMUNICATION TECHNIQUES

OUTLINE: (Key Points)

I. Verbal Communication

   A. May be oral or non-oral; involves the use of language, whether spoken or written.

      1. Examples - person talking, television, radio, tape recorder, newspaper, book, patient record.

   B. Examples of verbal communication:

      1. Telephone etiquette (discussed further in Lesson III)

      2. Making appointments or referrals

      3. Greeting patients and their families

      4. Delivering and receiving messages written or oral

      5. Patient records

II. Nonverbal Communication

   A. Words are not used; feelings and emotions are expressed in other ways.

   B. Examples of nonverbal communication:

      1. Facial expression

      2. Gestures, posture, and body movements (hand movements, a shrug of the shoulders, hunching over, etc.)

      3. Smells (cleanliness, body odor, halitosis, smell of urine, etc.)

      4. Tone of voice (friendly, frightened, sarcastic)

      5. Silence (friendly, hostile, withdrawn)

      6. Touch (gentle, hard)

III. Communication Facilitators

✓ A. Listen well - show an interest.

✓ 1. Interest encourages patient to communicate.

2. Sends non-verbal message of "I care"

✓ B. Listen to the whole story - do~~n't~~ not assume facts.

C. Speak slowly and distinctly (and louder if necessary) if person has trouble understanding you.

1. Hard of hearing person may be lip-reading - keep your face turned to him and speak slowly.

D. Display good attitude.

IV. Communication Blockers

A. Changing the subject - "I don't want to talk about it"

B. "Butting in"

C. Seeming "too busy" to listen

D. Hearing problems

1. May be slight to total

2. Patient may show apparent loss of interest.

3. Help lipreading attempts by keeping your face turned toward patient and speak slowly and distinctly.

4. Give patient ample time for hearing aid adjustment, if he has one.

E. Difficulty understanding what is said even though there is no apparent hearing loss

1. Less blood circulation in the brain may leave patient somewhat less alert.

2. May be slower or unable to comprehend following a stroke

F. Language Barrier

1. Lack of knowledge of English or heavily accented English may make communication difficult.

2. Change in word meanings and/or use of slang

    a. Example - "gay" to an elderly person means "happy"; in current usage it also denotes "a homosexual person". ✓

G. Blindness - loss of sight

1. Use speech and touch - Remember to clarify statements as if you were writing. "It was about this long" does not communicate any information if you cannot see the talker. ✓

H. Distractions

1. Pay close attention to what you are hearing, seeing, or reading.

    a. Your patient is your number one priority. Concentrate on your grocery list AFTER work!

V. Summary and Conclusion

A. Discuss Interaction Items.

B. Review Key Points.

LESSON PLAN: 1

COURSE TITLE: HOME HEALTH AIDE

UNIT II: COMMUNICATION

LESSON TITLE: COMMUNICATION TECHNIQUES

INTERACTION ITEMS:

1. What are some communication facilitators?
2. What are some communication blockers and what are some ways in which they can be overcome?
3. Discuss the importance of careful listening.
4. Why are good communication skills important?

CLASSROOM, LABORATORY, SHOP OR OTHER ACTIVITIES:

1. Play oral telephone game of repeating a story.
2. Read a news clipping to students. Then ask questions about it in order to test their listening skills.
3. Filmstrips

LESSON PLAN: 1

COURSE TITLE: HOME HEALTH AIDE

UNIT II: COMMUNICATION

LESSON TITLE: COMMUNICATION TECHNIQUES

Evaluation Items:

1. List two factors that promote effective communication.

    1.

    2.

2. List four factors that prevent effective communication.

    1.

    2.

    3.

    4.

True/False

In the space provided, place a "T" if the statement is true or an "F" if the statement is false.

_____ 3. Verbal communication involves the use of language, whether spoken or written.

_____ 4. Examples of nonverbal communication include facial expression, smells, posture, and body movements.

_____ 5. Communication with others often involves a combination of verbal ✓ and nonverbal techniques.

LESSON PLAN: 1

COURSE TITLE: HOME HEALTH AIDE

UNIT II: COMMUNICATION

LESSON TITLE: COMMUNICATION TECHNIQUES

Answers to Evaluation Items:

1. Listen well, with interest
   Listen to whole story
   Show a good attitude
   Speak slowly and distinctly (and louder if necessary)

2. Changing the subject
   "Butting in"
   Seeming "too busy" to listen
   Hearing problems
   Comprehension difficulties
   Language barrier
   Blindness
   Distractions

4. T

5. T

6. T

LESSON PLAN: 2

COURSE TITLE: HOME HEALTH AIDE

UNIT II: COMMUNICATION

SCOPE OF UNIT: This unit will introduce the student to recognition of the different types of communication and skills required for each.

LESSON TITLE: COMMUNICATING WITH CO-WORKERS

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Identify key points to remember when communicating with others.
2. Identify pointers that will be helpful in developing a trusting relationship with co-workers and supervisors.
3. Identify three styles of communication.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Bennett, Millard, and Corrigan, John D. Successful Communications and Effective Speaking. West Nyack, New York: Parker Publishing Company, Inc., 1972.

INTRODUCTION: Effective communication with your supervisors and co-workers is of the utmost importance. You must be able to relate both you and your patient's progress and problems to your co-workers and supervisor.

LESSON PLAN: 2

COURSE TITLE: HOME HEALTH AIDE

UNIT II: COMMUNICATION

LESSON TITLE: COMMUNICATING WITH CO-WORKERS

OUTLINE: (Key Points)

I. Important Points When Communicating With Others

   A. People are more likely to communicate with people whom they can trust.

   B. If there is a trust relationship, people are usually more open and honest about their true feelings:

      1. Because behavior is less defensive.

      2. Because behavior is more problem oriented.

   C. People tend to communicate with those who are supportive rather than critical.

   D. Communication is affected by the feelings and attitudes one has toward others.

   E. People communicate more readily with people who satisfy their needs and make them feel secure.

   F. Communication is generally more accurate when those communicating like one another.

   G. Communication is generally less accurate when there is a feeling of distrust or doubt of one another.

   H. It is difficult to trust someone whose actions and communications are unclear and inconsistent.

   I. It is important for people to feel that they are a part of their peer group.

II. Pointers for Developing a Trusting Relationship with Both Co-Workers and Supervisors

   A. Be consistent in your behavior.

   B. Be supportive of others.

   C. Do not repeat what others have told you in confidence.

D. Be open and honest in your communication. Do not tell Fred one thing and Jane the opposite.

E. Remain objective; do not be too quick to judge.

F. Examine your own attitudes and feelings. Be sure you are aware of your own position.

G. Listen to what the other person is saying.

  1. Listen for the idea.

  2. Listen for what is behind the idea.

H. Tune out the distractions around you.

I. Learn to ask questions about the topic being discussed as an aid to learning.

J. Remember that the other person also has needs.

K. Remember that some decisions on the job are based on the good of the group or the good of the patient and do not reflect a personal putdown.

III. Three Styles of Communcation

A. Submissive style

  1. True feelings are not expressed.

  2. One's own needs are expressed apologetically.

  3. The person tends to deny their own needs and feelings.

  4. The person believes their own opinions are valueless.

  5. Berate themselves

B. Aggressive style

  1. Selfish - "I" oriented

  2. Wants immediate results

  3. Discounts the needs and feelings of others

  4. Unreasoning

  5. Belittles others - not just their behavior

  6. Superior acting

C. Assertive style

1. Most productive
2. Self-fulfilling
3. Respects the opinions and feelings of others but holds his stand/position
4. Does not infringe on the rights of others
5. Is open and honest with others
6. Is realistic

IV. Summary and Conclusion

A. Discuss Interaction Items.

B. Review Key Points.

LESSON PLAN: 2

COURSE TITLE: HOME HEALTH AIDE

UNIT II: COMMUNICATION

LESSON TITLE: COMMUNICATING WITH CO-WORKERS

INTERACTION ITEMS:

1. Why is it important to be able to communicate well with co-workers?
2. What are some points to remember when communicating with others?
3. Why is it important to establish trusting relationships with co-workers? With supervisors?
4. Of the three styles of communication, which is the most desirable and why?

CLASSROOM, LABORATORY, SHOP OR OTHER ACTIVITIES:

1. Two instructors should role play a situation in which co-workers are trying to discuss a problem. First, one of the co-workers is not listening and the other person is feeling very frustrated because of this. Second, both co-workers are listening and are in tune with each other. After each role play, have the students describe and discuss the feelings they experienced as they observed.
2. As above, two instructors should enact a situation in which a supervisor is trying to discuss a patient's progress with a worker who is very submissive; then with a worker who is overly aggressive; and then with an assertive member of the care team. Have the students discuss ✓ which type of communication provides the most accurate picture of the patient. Which person's opinion will be trusted more by her co-workers and supervisors?

LESSON PLAN: 2

COURSE TITLE: HOME HEALTH AIDE

UNIT II: COMMUNICATION

LESSON TITLE: COMMUNICATING WITH CO-WORKERS

Evaluation Items:

True/False

In the space provided, place a "T" if the statement is true or an "F" if the statement is false.

_____ 1. People tend to communicate with those who are critical rather than supportive.

_____ 2. Communication is generally more accurate when there is a feeling of distrust or doubt.

_____ 3. If there is a trust relationship, people are usually more open and honest about their own feelings.

4. To develop a trusting relationship with co-workers and supervisors, you should: (circle all that apply)

   a. Repeat what others have told you in confidence.

   b. Remain objective.

   c. Be supportive of others.

   d. Tell each person what you think they want to hear.

   e. Listen to what the other person is saying.

   f. Be consistent in your behavior.

5. Name the three styles of communication.

   1.

   2.

   3.

6. Of the three styles listed above, which is the most productive?

LESSON PLAN: 2

COURSE TITLE: HOME HEALTH AIDE

UNIT II: COMMUNICATION

LESSON TITLE: COMMUNICATING WITH CO-WORKERS

Answers to Evaluation Items:

1. F

2. F

3. T

4. B, C, E, F

5. Submissive style, aggressive style, assertive style

6. Assertive style

LESSON PLAN: 3

COURSE TITLE: HOME HEALTH AIDE

UNIT II: COMMUNICATION

SCOPE OF UNIT: This unit will introduce the student to recognition of the different types of communication and skills required for each.

LESSON TITLE: MEETING THE PUBLIC

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Tell points to remember when talking with the patient's family.
2. Tell points to remember when using telephone.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Informational)

INTRODUCTION: Working conversations are not restricted to those with co-workers and those with patients. The patient has a family who wants to know about their loved one and his condition; families who need tact and understanding.

In our modern world, many conversations are conducted by telephone. Remember that you represent your agency, so be sure to observe good telephone etiquette at all times.

LESSON PLAN: 3

COURSE TITLE: HOME HEALTH AIDE

UNIT II: COMMUNICATION

LESSON TITLE: MEETING THE PUBLIC

OUTLINE: (Key Points)

I. Meeting the Family

  A. Introduce yourself to the family; be sure to identify yourself fully.

  B. Remember that you are a guest in their home; conduct yourself as such.

  C. Always be tactful and understanding. Worried family members may sometimes be a little curt just because they are so worried.

  D. Take time to explain procedures if family members question them.

  E. Remember to leave anger or other troubles outside. When your mind is on something else, your lips, tone of voice, and expression will not agree; both patient and family may become upset, wondering why you are mad at them.

  F. Talk to the family as you go about your duties. Knowing them will give you a better insight into the moods and needs of your patient and his/her family. Since you are likely to spend more time with them, you may find out more information and be able to help clear up a puzzling situation.

  G. Talk and teach. The family usually wants to help the patient and to do things for him/her. They need to be taught procedures. Be gentle and patient to help build their confidence, they are often unsure of their abilities and afraid of doing something wrong.

II. Telephone Etiquette

  A. Always answer the phone as soon as possible.

  B. Answer pleasantly; keep your voice bright and pleasant.

  C. Enunciate all words distinctly and clearly.

  D. Whether answering or placing a call, always identify yourself immediately.

    1. When answering a patient's phone, say "The Smith residence; Mrs. Johnson, home health aide speaking."

E. Remember that you represent your agency; your voice is all the caller has on which to base his/her opinion of the agency. He/she cannot see whether others are there, whether the office is orderly, or how you look. Telephone etiquette becomes all important. ✓

F. Keep paper and pencil handy. Write down the caller's name as soon as you hear it; also make a note of other pertinent facts - times, addresses, etc.

G. Use the caller's name in your conversation. He/she likes hearing it, and it gives you a chance to confirm a tricky name. ✓

H. Be polite. Use "thank you," "please," etc. Sir and ma'am are nice, too.

I. If you are answering a call for someone else, politely inquire, "May I tell Mr. Smith who's calling?" instead of "Who's this?"

J. If requested information will require more than a minute or two to retrieve, explain this to the caller and ask if you might call back later. Be specific about the time lapse involved such as, "I'll call you back in about half an hour," or "I'm sorry, Mr. Potter, but I can't have that information before tomorrow morning. May I call you at nine o'clock?" (Be sure you do!)

III. Summary and Conclusion~~s~~ ✓

A. Discuss Interaction Items, ✓

B. Review Key Points,

LESSON PLAN: 3

COURSE TITLE: HOME HEALTH AIDE

UNIT II: COMMUNICATION

LESSON TITLE: MEETING THE PUBLIC

INTERACTION ITEMS:

1. Why might family members speak curtly to you? What should you do?
2. You are not there to see the family; why take time to talk to them?
3. Why is good telephone etiquette an important part of your job?
4. What is a good way to answer the telephone when at the patient's home?

CLASSROOM, LABORATORY, SHOP OR OTHER ACTIVITIES:

1. Have students role play: home health aide and family member.
2. Practice telephone conversations with one student playing the part of home health aide.

LESSON PLAN: 3

COURSE TITLE: HOME HEALTH AIDE

UNIT II: COMMUNICATION

LESSON TITLE: MEETING THE PUBLIC

Evaluation Items:

True/False

In the space provided, place a "T" if the statement is true or an "F" if the statement is false.

______ 1. When talking with the patient's family, assume that they know who you are by your uniform.

✓ ______ 2. Worried family members may sometimes be a little curt because they are worried; alwasy be tactful and understanding.

______ 3. Never explain procedures to family members.

______ 4. If you are thinking about other matters while working with a patient and the family, it will not make any difference in your communication with them.

______ 5. When answering the telephone, answer pleasantly with a bright and pleasant voice.

______ 6. Always identify yourself immediately when answering or placing a call.

______ 7. Always let the phone ring at least two full rings before picking up the receiver.

______ 8. When answering a call for someone else, always ask, "Who's this?"

______ 9. Good telephone etiquette is very important to your agency.

______ 10. Telephone messages usually are not important, so there is no need to write them down.

LESSON PLAN: 3

COURSE TITLE: HOME HEALTH AIDE

UNIT II: COMMUNICATION

LESSON TITLE: MEETING THE PUBLIC

Answers to Evaluation Items:

1. F
2. T
3. F
4. F
5. T
6. T
7. F
8. F
9. T
10. F

LESSON PLAN: 4

COURSE TITLE: HOME HEALTH AIDE

UNIT II: COMMUNICATION

SCOPE OF UNIT: This unit will introduce the student to recognition of the different types of communication and skills for each.

LESSON TITLE: THERAPEUTIC COMMUNICATION WITH THE PATIENT

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Name ~~eight~~ four communication techniques.
2. Discuss professional vs. social communication.
3. Discuss reality orientation and methods to encourage it.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Johnston, Dorothy F. Total Patient Care, St. Louis: C.V. Mosby Company, 1972.

INTRODUCTION: Communication with the patient - that all important, sometimes elusive skill. Careful listening and thinking may help draw out more information regarding the patient's illness, his/her background, and his/her worries. Knowing what is on the patient's mind helps the health care team help him/her.

LESSON PLAN: 4

COURSE TITLE: HOME HEALTH AIDE

UNIT II: COMMUNICATION

LESSON TITLE: THERAPEUTIC COMMUNICATION WITH THE PATIENT

OUTLINE: (Key Points)

I. Communication Techniques

  A. Verbal and nonverbal. Most conversations are not all one or the other, but a mixture of methods.

    1. Patient to home health aide.

    2. Home health aide to patient.

  B. Silence

    1. Quietly supportive

    2. Interested

      a. Expectant silence encourages verbalization.

    3. Reflective

      a. A time to collect thoughts.

      b. Observation of nonverbal communication

  C. Lead-ins and openings

    1. Home health aide directs conversations to subject, then encourages patient to continue.

    2. Indicates your interest in ensuring events or facts.

  D. Acceptance

    1. Nodding head, "Yes, I see", etc. indicates you are interested in trend of conversation.

  E. Making and sharing observations

    1. Verbalizing encourages awareness.

    2. Conveys interest and concern

        3. Encourages patient opportunity to correct, verify, or elaborate. "You seem tired today" invites description of discomfort and possible medical alert.

    F. Giving information to patient

        1. Helps alleviate anxiety and build trusting relationship

    G. Seeking clarification and interpretation

        1. Clear up vague directions, questions, descriptions

        2. Summarizing for main point clarity

    H. Speak normally. Do not try to use slang or ethnic terms with which you are not fully familiar.

II. Social vs. Professional

    A. Gossip and confidentiality

        1. All information concerning patients stays at the office; NEVER discuss patients with anyone except a co-worker and never in a public place.

    B. If you make a home visit to someone you know, be friendly as usual, but convey a professional and businesslike manner.

    C. When you are off duty, use slang or vernacular as you wish. On the job, however, precision in communication is just as important as precision in patient care.

III. Reality Orientation

    A. Illness or aging may bring on confusion, disorientation, depression, and odd behavior.

    B. Such patients often have poor memory. Remember to identify yourself and your mission.

    C. Help patient keep track of events. Recount your visit last Friday, recent visits of friends or relatives, and current news events - both world wide and local.

    D. A radio or television in the patient's room helps him have current contact with outside world.

    E. Help patient's awareness of time. Perhaps a clock and calendar could be put in patient's room.

    F. Visual stimulation in addition to D and E above: family pictures, bright cheery colors in room, and adjust patient so he can see out window. Especially helpful for patient who lives alone.

G. Encourage patient to participate in activities, chores, games. Participation sparks interest and increased awareness.

H. Help patient feel wanted; loneliness and feeling of not "belonging" may cause further withdrawal from reality.

I. For a lonely or isolated patient your visit may well be the high point of the week. Be as cheerful and encouraging as you can possibly be.

IV. Summary and Conclusion

A. Discuss Interaction Items.

B. Review Key Points.

LESSON PLAN: 4

COURSE TITLE: HOME HEALTH AIDE

UNIT II: COMMUNICATION

LESSON TITLE: THERAPEUTIC COMMUNICATION WITH THE PATIENT

INTERACTION ITEMS:

1. Name and describe communication techniques.
2. You are assigned to make a home visit to your best fried. How do you behave?
3. What are ways in which you can help increase patient's reality orientation? ✓

CLASSROOM, LABORATORY, SHOP OR OTHER ACTIVITIES:

1. Students act out examples of communication techniques.
2. Discuss further methods of promoting reality orientation.

LESSON PLAN: 4

COURSE TITLE: HOME HEALTH AIDE

UNIT II: COMMUNICATION

LESSON TITLE: THERAPEUTIC COMMUNICATION WITH THE PATIENT

Evaluation Items:

1. List four communication techniques.

   1.

   2.

   3.

   4.

True/False

In the space provided, place a "T" if the statement is true or an "F" if the statement is false.

_____ 2. If you make a home visit to someone you know, be friendly as usual, but convey a professional and businesslike manner.

_____ 3. It is permissible to discuss a patient at a restaurant--nobody can hear any of your conversation.

_____ 4. Use lots of slang or vernacular in case conferences and on patient records, as it will provide a clearer and more accurate report.

_____ 5. Once you have introduced yourself, all patients will remember you and your mission at all times.

_____ 6. Visual stimulation is an important part of reality orientation.

_____ 7. Loneliness and feeling of not "belonging" may cause further reality withdrawal by the patient.

_____ 8. The visit of the home health aide is not particularly important to the patient, especially one who is lonely or isolated.

LESSON PLAN: 4

COURSE TITLE: HOME HEALTH AIDE

UNIT II: COMMUNICATION

LESSON TITLE: THERAPEUTIC COMMUNICATION WITH THE PATIENT

Answers to Evaluation Items:

1. Verbal and nonverbal
   Silence
   Lead-ins and openings
   Acceptance
   Making and sharing observations
   Giving information to patient
   Seeking clarification and interpretation
   Speak normally (no slang, etc.)

2. T

3. F

4. F

5. F

6. T

7. T

8. F

LESSON PLAN: 1

COURSE TITLE: HOME HEALTH AIDE

UNIT III: HOMEMAKING SERVICES ESSENTIAL TO HEALTH CARE NEEDS

SCOPE OF UNIT: In Unit III the role of the home health aide in homemaking services essential to health care needs will be discussed. For the safety of both the patient and the home health aide, a knowledge of proper handwashing technique is vital. The home health aide should also be cognizant of basic considerations involved in accident prevention, actions in case of disaster, management of resources, housekeeping, and laundry.

LESSON TITLE: WASH HANDS

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Wash hands according to Steps of Procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Water
2. Soap
3. Paper towels
4. Waste basket
5. Nail brush
6. Hand lotion (optional)

INFORMATIONAL ASSIGNMENT: (Student)

Selected Text: Appropriate pages

REFERENCES: (Instructor's Additional Information)

Johnston, Dorothy F. Total Patient Care. St. Louis: C.V. Mosby Company, 1972.

INTRODUCTION: Handwashing is generally considered the most important procedure in preventing infections. The hands are a principle source for carrying germs and transmitting infections and disease. Handwashing is important to protect the person receiving care, as well as the giver of care. It also protects other members of the family and community. Hands should be washed when soiled, but especially wash your hands before preparing food, before and after giving personal care, following use of toilet, and after touching the nose or mouth.

LESSON PLAN: 1

COURSE TITLE: HOME HEALTH AIDE

UNIT III: HOMEMAKING SERVICES ESSENTIAL TO HEALTH CARE NEEDS

LESSON TITLE: WASH HANDS

STEPS OF PROCEDURE:

1. Assemble equipment.
2. Roll up long sleeves.
3. Turn on water controls and adjust temperature.
    a. Do not turn water controls after this step; you will contaminate your hands.
4. Wet hands and wrists thoroughly.
5. Keep hands level or lower than elbows to keep surface bacteria from running up the forearm.
6. Rub soap to make a lather.
7. Wash hands vigorously, especially between fingers, into folds of skin, around and under fingernails, and well above wrist. Scrub under nails with nail brush if available.
8. Run water over bar of soap to clean it.
9. Rinse, keeping hands low to allow soapy water, dirt, and oil to drain off hands. ✓
10. Repeat steps 6 and 7 to remove loosened dirt and oil.
11. Rinse. Run water over soap, place bar in holder in which it will drain well.
12. Rinse hands thoroughly until all traces of soap are removed.
13. Elevate hands allowing water to drain from cleanest area to the less clean area.
14. Dry well, using one disposable towel for each hand.
15. Before discarding, use towels to turn off faucet; this keeps hands from getting soiled again. ✓
16. Use hand lotion as needed to prevent chapping.

Summary and Conclusion

1. Discuss Interaction Items.
2. Review Steps of Procedure.

LESSON PLAN: 1

COURSE TITLE: HOME HEALTH AIDE

UNIT III: HOMEMAKING SERVICES ESSENTIAL TO HEALTH CARE NEEDS

LESSON TITLE: WASH HANDS

INTERACTION ITEMS:

1. Why are the water controls not turned during the handwashing procedure?
2. Why should the hands be kept lower than the elbows while scrubbing the hands?
3. What are the times when you should always wash your hands?

CLASSROOM, LABORATORY, SHOP OR OTHER ACTIVITY:

1. Instructor demonstrates handwashing techniques.
2. Students divide into groups to practice and demonstrate handwashing.

COURSE TITLE: HOME HEALTH AIDE

UNIT III: HOMEMAKING SERVICES ESSENTIAL TO HEALTH CARE NEEDS

LESSON TITLE: WASH HANDS

Evaluation Items:

Did the Student Remember To:	YES	NO
1. Assemble equipment.		
2. Roll up long sleeves.		
3. Turn on water controls and adjust temperatures.		
4. Wet hands and wrists thoroughly,		
5. Keep hands level or lower than elbows to keep surface bacteria from running up forearm.		
6. Rub soap to make a lather.		
7. Was vigorously, especially between fingers, into folds of skin, around and under nails, and well above the wrist. (Scrub under nails if nail bursh is available.)		
8. Run water over bar of soap to clean it.		
9. Rinse, keeping hands low.		
10. Repeat steps 6 and 7 to remove loosened dirt and soil.		
11. Run water over soap and replace in holder.		
12. Rinse hands thoroughly.		
13. Elevate hands to allow water to drain from cleanest to less clean area.		
14. Dry well, using one disposable towel for each hand.		
15. Before discarding use towels to turn off faucet.		
16. Use hand lotion as needed to preveng chapping.		

LESSON PLAN: 2

COURSE TITLE: HOME HEALTH AIDE

UNIT III: HOMEMAKING SERVICES ESSENTIAL TO HEALTH CARE NEEDS

SCOPE OF UNIT: In Unit III the role of the home health aide in homemaking services essential to health care needs will be discussed. For the safety of both the patient and the home health aide, a knowledge of proper hand-washing technique is vital. The home health aide should also be cognizant of basic considerations involved in accident prevention, actions in case of disaster, management of resources, housekeeping, and laundry.

LESSON TITLE: ACCIDENT PREVENTION

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Recognize the importance of a safer environment to the patient and his/her family and its role in the plan of care.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Hasler, Doris. The Practical/Vocational Nurse and Today's Family. New York: The MacMillan Company, 1972.

Johnston, Dorothy F. Total Patient Care. St. Louis. C.V. Mosby Company, 1972.

INTRODUCTION: As you visit in the patient's home, you may notice changes that could be made to help provide a safer environment for the patient and his family. A clean, safe, well-maintained home increases the safety and comfort of its occupants. Dirt and disorder enhance the risk of accidents and infection. Check with patient or family members before making changes in the location of household storage. If they refuse the change and the present situation is hazardous, report the problem to your supervisor.

LESSON PLAN: 2

COURSE TITLE: HOME HEALTH AIDE

UNIT III: HOMEMAKING SERVICES ESSENTIAL TO HEALTH CARE NEEDS

LESSON TITLE: ACCIDENT PREVENTION

OUTLINE: (Key Points)

I. General Safety

   A. Clean up clutter, especially from stairs, halls, doorways, and main walkways.

   B. Arrange furniture to allow free movement. Be sure protruding chair or table legs and low tables are out of the walkway.

   C. Check stair railings for sturdiness; are they strong and well-attached?

   D. Throw rugs may throw you if they are not well fastened down or do not have a non-slip backing. If a household member has a shuffling gait or is using a walker or crutches, perhaps throw rugs should be eliminated.

   E. Patients with impaired vision, dizziness, and many other conditions may find night lights very helpful, especially in the hall, bedroom and bathroom areas.

   F. Dangerous or sharp tools and firearms should be kept in a securely locked cabinet at all times.

   G. It is a good idea to be sure a list of emergency telephone numbers is located near the phone.

   H. Matches, cigarettes, etc. should be put out completely before throwing them away.

   I. Ashes and coals from the stove or fireplace should be placed in a fireproof container.

   J. Never overload circuits or replace a fuse with a penny.

   K. If an extension cord must be used, do not overload it. Use the heaviest one available.

   L. Check all cords for loose wires, frayed or cracked insulation, and broken plugs. Exposed wiring can cause serious shocks.

   M. Never route electrical cords under rugs or doors or across a walkway.

N. Shiny floors are pretty - but slick. Use non-slip type wax.

O. Is a well-stocked first-aid kit in an easily accessible place?

P. When lighting a fireplace or woodstove, never use gasoline or any other volatile liquid; explosion or flame-up could result and cause serious injury.

Q. Always cover noses and mouth when coughing or sneezing. Discard tissues immediately and wash hands.

II. Bedroom/Bathroom Safety

A. Be sure bed rails are used when needed.

B. Shoes, slippers and other items should be put away so they will not be tripped over.

C. Keep no more than one night's supply of pills at the bedside.

D. Prescription medications should be discarded when no longer needed; all medications should be discarded when outdated.

E. Be sure to wash hands after handling soiled or contaminated materials, as well as after using the bathroom.

F. Are needed safety grab-bars securely attached in tub or shower and at commode?

G. Be sure a non-slip rubber mat is used in the tub or shower if non-slip strips or appliques are not present.

H. All medications, razors and other hazardous items should be kept out of the reach of children.

I. If bath oil is used, tub will be slippery.

J. Smoking in bed is very dangerous. If unavoidable, be sure a deep ash tray is used and never leave your patient unattended.

K. Be sure all water on the floor is mopped up immediately.

III. Kitchen and Laundry Safety

A. Remember--no wet hands and electrical appliances together!

B. All bleaches, cleaners, polishes, poisons, etc. should be kept in a separate, well-secured cabinet--preferably metal--with each container clearly marked.

C. Never reuse containers that previously held a toxic substance.

D. Keep hands and loose clothing away from washing machine agitators or wringers.

E. Pot and pan handles should be turned toward the back of the stove; even more important if small children are about.

F. Always use pot holders to handle hot utensils; be careful not to place them too near a heating unit or flame.

G. Clothing with long, loose sleeves is dangerous, it can easily dangle too close to burners or catch on pot handles and cause burns.

H. Turn off all appliances when not in use; unplug electrical items.

I. Avoid overloading electrical circuits; move appliance to another location or stagger use.

J. If lighting a gas burner, pilot light, or oven, always light the match before turning on the gas to avoid gas buildup.

K. Always be sure matches are extinguished and cool before discarding.

L. Clean up water and other spills or splatters (especially greasy ones) on floor immediately to prevent falls.

M. Close cabinet doors and drawers when not in use.

N. Knives should be stored carefully; good storage practices help keep blades sharp and undamaged while keeping hands uncut.

O. Wash hands and counters, tables, and shelves frequently to avoid contaminating food.

P. Keep food covered and store properly to avoid food spoilage, contamination, or insect infestation.

Q. Do not put hard or stringy food in the garbage disposal, be sure all dishrags, spoons, forks, etc. are clear of device before using.

R. Cover open sores or cuts on hands with clean bandages, serious infections may be transmitted when handling food or eating utensils.

IV. Summary and Conclusions

A. Discuss Interaction Items.

B. Review Key Points.

C. Discuss Classroom Activities.

LESSON PLAN: 2

COURSE TITLE: HOME HEALTH AIDE

UNIT III: HOMEMAKING SERVICES ESSENTIAL TO HEALTH CARE NEEDS

LESSON TITLE: ACCIDENT PREVENTION

INTERACTION ITEMS:

1. Why should you check with the family before making changes in their household?
2. What are possible reasons for refusal or hesitation concerning changes?
3. Why should electrical cords not be routed under rugs or doors?
4. [Why not keep the whole medicine bottle at bedside instead of only a one-night supply?
5. Why is water so dangerous when combined with electricity?

CLASSROOM, LABORATORY, SHOP OR OTHER ACTIVITY:

1. Have class name additional hazards that may be found in homes.
2. Have class study and list changes they might make in their own homes for increased safety.

LESSON PLAN: 2

COURSE TITLE: HOME HEALTH AIDE

UNIT III: HOMEMAKING SERVICES ESSENTIAL TO HEALTH CARE NEEDS

LESSON TITLE: ACCIDENT PREVENTION

Evaluation Items:

True/False

In the space provided, place a "T" if the statement is true or an "F" if the statement is false.

_____ 1. Always be sure electrical cords are run beneath the rug to keep them out of the way.

_____ 2. Pan handles should be turned toward the front of the stove.

_____ 3. Keep lots of articles on a flight of stairs to act as a cushion in case of a fall.

_____ 4. Cabinet doors and drawers should be kept closed to prevent injury.

_____ 5. Puddles of water or other liquids should be mopped up immediately to avoid falls.

_____ 6. Night lights cause too many shadows and should not be used.

_____ 7. Cleaning supplies and other dangerous substances should be kept in a locked metal cabinet. ✓

_____ 8. Medications should always be stored next to the patient's bed, within easy reach.

_____ 9. If someone in a house uses a cane or walker, it is a good idea to cushion the floor by using lots of throw rugs.

_____ 10. Shoes, clothing, toys, and other articles should not be allowed to clutter the floor because they increase one's chances of a fall.

_____ 11. If a safety hazard is noted in a patient's home, it should be immediately corrected with or without the patient's approval.

_____ 12. If an electrical circuit repeatedly overloads and causes a fuse to blow, the fuse should be replaced with a penny.

LESSON PLAN: 2

COURSE TITLE: HOME HEALTH AIDE

UNIT III: HOMEMAKING SERVICES ESSENTIAL TO HEALTH CARE NEEDS

LESSON TITLE: ACCIDENT PREVENTION

Answers to Evaluation Items:

1. F
2. F
3. F
4. T
5. T
6. F
7. T
8. F
9. F
10. T
11. F
12. F

LESSON PLAN: 3

COURSE TITLE: HOME HEALTH AIDE

UNIT III: HOMEMAKING SERVICES ESSENTIAL TO HEALTH CARE NEEDS

SCOPE OF UNIT: In Unit III the role of the home health aide in homemaking services essential to health care needs will be discussed. For the safety of both the patient and the home health aide, a knowledge of proper handwashing technique is vital. The home health aide should also be cognizant of basic considerations involved in accident prevention, actions in case of disaster, management of resources, housekeeping, and laundry.

LESSON TITLE: DISASTER GUIDELINES

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. State the most important thing to do in an emergency.
2. Relate steps to remember in case of fire.
3. Name steps to remember in case of tornado.
4. Relate steps to remember in case of flood.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Road map
2. Handout #1: Moving Patient to Safety

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

INTRODUCTION: Disasters are never planned, but they can be planned for. Knowledge of emergency procedures and awareness of your surroundings, combined with level-headedness and common sense can help save you and your patient from harm.

LESSON PLAN: 3

COURSE TITLE: HOME HEALTH AIDE

UNIT III: HOMEMAKING SERVICES ESSENTIAL TO HEALTH CARE NEEDS

LESSON TITLE: DISASTER GUIDELINES

OUTLINE: (Key Points)

I. Points to Remember

- A. The most important thing to remember in case of any emergency is to remain calm and controlled. The lives of you and your patient may rely on it.
- B. Always familiarize yourself with the area and the home which you are visiting.
- C. If you are unable to move a patient alone, summon help by the quickest method; a neighbor, the telephone, even flagging down a passing motorist.
- D. Always remember that human lives are infinitely more important than material items.
- E. Offer as much reassurance as possible to the patient.

II. Fire

- A. Be sure to become familiar with all exits from a house or building before such an emergency should arise.
- B. Form an exit plan with patient and his family, designating an escape route, alternate routes, and a safe gathering spot outside.
- C. Get your patient out of the building as quickly as possible. Summon help to move him if necessary.
- D. If necessary, exit through a window. Use a heavy object to break the glass, being careful to stay clear of falling shards to avoid being cut.
- E. In the presence of heavy smoke, stay as close to the floor as possible where the air is clearer.
- F. When your patient is safely out of the building, check to see that other family members are outside also. ONLY if it is safe to do so (and it rarely is), should you ever consider re-entering the building.

G. Go immediately to the nearest telephone to summon the fire department.

H. NEVER risk returning to a burning building for material possessions.

III. Tornado

A. Become familiar with conditions conducive to formation of tornadoes.

B. If you are in an urban area equipped with warning sirens, be sure to keep noise levels from being too loud to hear sirens. Also, listen to a television or radio weather station if feasible.

C. If you are in a rural area, listen to a television or radio weather station; periodically check the sky for signs of tornado formation; listen for the characteristic roaring sound of a tornado.

D. It is important for you to keep tabs on the weather situation, but it is equally important not to alarm the patient. If you think it will upset him to hear the weather discussed on a broadcast, forego relying on television or radio. Above all, remain calm and reassuring.

E. If a tornado is imminent, move all people to a storm cellar basement if available. Otherwise, move to the innermost room or closet on the lowest floor of the building. If the only available area has windows, move as far away from them as possible to avoid flying glass. Pull mattress from bed or cushions from couch to provide extra protection from falling debris.

F. If unable to move patient to another room, get him onto the floor as far away from windows as possible and pull a mattress over him.

G. If you are outdoors when a tornado is sighted, lie flat, face down, in a ditch or depression.

IV. Flood

A. Be familiar with main features of the surrounding terrain.

B. The main need is to move to higher ground. This should be done as far in advance as possible; flood waters may rise unexpectedly fast and leave you stranded.

C. If necessary, get help to move your patient to a place of safety. Be sure that family members or caretakers also leave until flood danger is over.

D. In case you are stranded in a house or other building, move your patient to the highest possible level; the top floor, attic or even the roof.

E. If you are driving through flood-prone areas, be extreme~~a~~ly cautious. Do not attempt to drive your vehicle through a rising stream of water; the current below the surface of the water is usually quite swift. The vehicle may stall or even be swept away by the swift current.

V. Summary and Conclusion

A. Discuss Interaction Items.

B. Review Steps of Procedure.

LESSON PLAN: 3

COURSE TITLE: HOME HEALTH AIDE

UNIT III: HOMEMAKING SERVICES ESSENTIAL TO HEALTH CARE NEEDS

LESSON TITLE: DISASTER GUIDELINES

INTERACTION ITEMS:

1. What demeanor should you practice in case of emergency? Why is this important?
2. What should be done in case of fire?
3. What should be done in case of tornado?
4. What should be done in case of flood?

CLASSROOM, LABORATORY, SHOP OR OTHER ACTIVITY:

1. Using road map, select imaginary site of home visit; discuss possible flood dangers and evacuation routes.

LESSON PLAN: 3

COURSE TITLE: HOME HEALTH AIDE

UNIT III: HOMEMAKING SERVICES ESSENTIAL TO HEALTH CARE NEEDS

LESSON TITLE: DISASTER GUIDELINES

Evaluation Items:

True/False

In the space provided, place a "T" if the statement is true or an "F" if the statement is false.

_____ 1. In case of fire, always remove all the furnishings and other items which you possibly can, no matter how many trips you must make into the building.

_____ 2. Always check a house or building for alternate exit routes.

_____ 3. In case of an impending flood, stay at the patient's place of residence no matter what.

_____ 4. In all disasters, the priority concerns for the home health aide are his/her own safety, the safety of the patient, and the safety of the family or caretaker.

_____ 5. In case of an approaching tornado, always go to the centermost room on the highest floor of the house or building.

_____ 6. Keep an area map in your car to aid in escape in case of flood warnings.

_____ 7. Go to a nearby residence or business to call the fire department in case of fire.

_____ 8. Human lives are more important than material possessions.

_____ 9. If there is a large amount of smoke present, remain as close to the ceiling as possible, as the air is clearer there.

_____ 10. It is important to designate a gathering place outside the home for the patient's family in case of fire.

LESSON PLAN: 3

COURSE TITLE: HOME HEALTH AIDE

UNIT III: HOMEMAKING SERVICES ESSENTIAL TO HEALTH CARE NEEDS

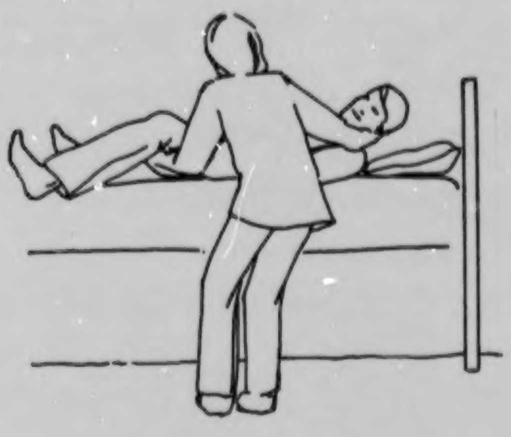
LESSON TITLE: DISASTER GUIDELINES

Answers to Evaluation Items:

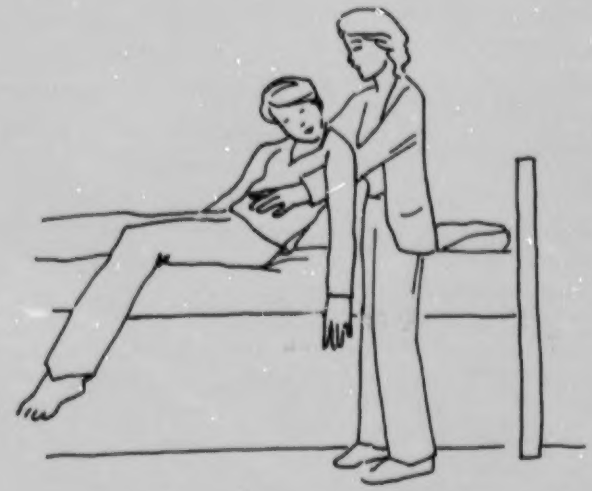
1. F
2. T
3. F
4. T
5. F
6. T
7. T
8. T
9. F
10. T

Handout 1

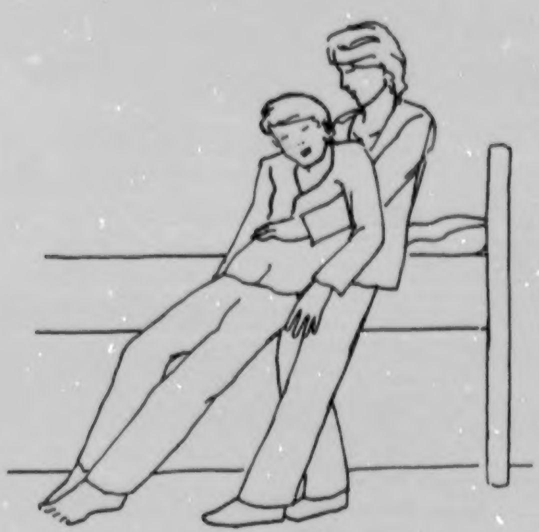
Moving Patient to Safety



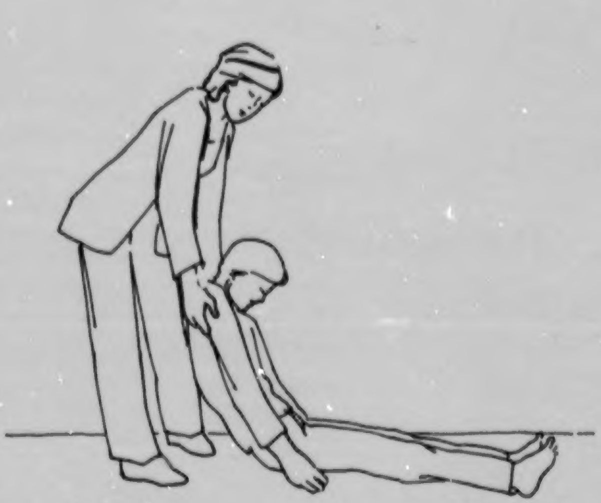
1. Lift patient to a sitting position, legs over side of bed.



2. Grasp patient from behind, under arms.



3. Slide patient from bed, lower to floor.



4. Drag from room, hands under shoulders at arms. If conditions permit, roll patient onto blanket, then drag from room.

LESSON PLAN: 4

COURSE TITLE: HOME HEALTH AIDE

UNIT III: HOMEMAKING SERVICES ESSENTIAL TO HEALTH CARE NEEDS

SCOPE OF UNIT: In Unit III the role of the home health aide in homemaking services essential to health care needs will be discussed. For the safety of both the patient and the home health aide, a knowledge of proper handwashing technique is vital. The home health aide should also be cognizant of basic considerations involved in accident prevention, actions in case of disaster, management of resources, housekeeping, and laundry. ✓

LESSON TITLE: MANAGEMENT OF RESOURCES

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Discuss fundamental criteria of budgeting resources.

2. Summarize essential details of food stamps.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Handout #1: Budget Worksheet

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Covell, Mara Brand. The Home Alternative to Hospitals and Nursing Homes. New York: Rawson Associates, 1983.

Hasler, Doris. The Practical/Vocational Nurse and Today's Family. New York: The MacMillan Compnay, 1972.

Kron, Thora. Communication in Nursing. Philadelphia: W.B. Saunders Company, 1967.

Schmidt, Alice M. The Homemaker's Guide to Home Nursing. Provo, UT: Brigham Young University Press, 1976.

INTRODUCTION: The judicious use of money and other resources involves conscientious planning and administration. The patient and his family may find themselves facing extra expenses, possibly in conjunction with a reduced income level. Assisting the patient and his family to set priorities and plan the use of financial resources requires knowledge and the use of tact by the home health aide and other members of the health care team. When the care plan requires the home health aide to do some of the shopping, she should adhere strictly to the budgeted funds, purchasing items wisely and skillfully with regard to real need and value.

LESSON PLAN: 4

COURSE TITLE: HOME HEALTH AIDE

UNIT III: HOMEMAKING SERVICES ESSENTIAL TO HEALTH CARE NEEDS

LESSON TITLE: MANAGEMENT OF RESOURCES

OUTLINE: (Key Points)

I. Key Points

A. Basic budgeting

1. Decide whether budget is to be long or short term. Is careful allocation of spending always a prominent concern or is this budget necessary only on a temporary basis?

2. Present and future income level must be established in order to know amount of resources to work with.

3. List fixed costs - rent or house payments, insurance (life, house, auto, etc.), taxes, car payments, loan payments, etc.

4. List variable costs - utilities, medical, food, clothing, transportation, etc.

5. Determine how outflow compares to income. Is there money left over? Or is there more outflow than income?

6. If more money is spent than the amount of income, the care team, the patient and his family should work together to establish realistic budgetary goals.

7. Values and priorities must be established with respect and consideration of patient and family views.

8. Nonessential items may have to be trimmed from the budget. Consider each expenditure carefully. Sometimes even a fixed cost can be changed - such as selling the car if the patient (and other family members) can no longer drive; or perhaps a smaller car would fulfill the family's needs but reduce expenses.

9. Family goals and wants should be considered. Perhaps they can "make do" with present posessions in order to allow funds to be used for something else.

10. Remember to set aside some funds or otherwise make allowances for unexpected expenses.

11. Draw on family skills to help stretch the budget. Perhaps a coat can be restyled instead of buying a new one; gardening can help cut food costs; a family barber can save the cost of haircuts; the do-it-yourself can alter an item to create a new use for it; etc.

12. Seasonal planning is important. Allocate extra cash for Christmas presents, etc.

13. Plan ahead for seasonal sales. For example, sizeable savings may be made on sheets and other linen needs if purchases are delayed until the "white" sales.

14. The family and the health care team should investigate available community resources. Free classes may be available; borrow books from the library instead of purchasing them; some medical expenses may be provided by civic organizations; the family may qualify for food stamps to stretch food dollars, etc.

15. Remember that the needs of each patient and his family will be different.

B. Food Stamps

1. Issued at no cost to the eligible patient by Missouri Department of Social Services, Division of Family Services.

2. Amount of food stamps governed by family size and income.

3. Food stamps can only be used to purchase eligible food items, and plants or seeds to grow food.

4. Food stamps can not be used to purchase ineligible items, such as: tobacco, alcoholic beverages, vitamins, medicines, soaps and cleaners, paper products, pet foods, and carry-out foods (such as delicatessen meals)

5. When food stamps are used for a purchase, change will be given in food stamp coupons, i.e. a $1 coupon for every $1 in change due. If the amount of change due is 99 cents or less, it will be paid in cash.

6. In the event the home health aide (or anyone other than the designated recipient) is to shop on behalf of the patient using food stamps, previous written authorization must be arranged throught the home health agency.

II Summary and Conclusion

A. Discuss Interaction Items.

B. Review Key Points.

LESSON PLAN: 4

COURSE TITLE: HOME HEALTH AIDE

UNIT III: HOMEMAKING SERVICES ESSENTIAL TO HEALTH CARE NEEDS

LESSON TITLE: MANAGEMENT OF RESOURCES

INTERACTION ITEMS:

1. What are some reasons why a budget might need to be set up on a temporary basis?
2. What are some examples of fixed costs?
3. What are some examples of variable costs?
4. What are some community resources available in your community?
5. Can the same alternate adjustments be made to all budgets? Why?
6. What criteria are used to determine the issuance of food stamps?
7. What items may be purchased with food stamps?
8. What items may not be purchased with food stamps?
9. How is change given when purchases are made with food stamps?

CLASSROOM, LABORATORY, SHOP OR OTHER ACTIVITIES:

1. Discuss Handout.
2. Practice designing a budget.

LESSON PLAN: 4

COURSE TITLE: HOME HEALTH AIDE

UNIT III: HOMEMAKING SERVICES ESSENTIAL TO HEALTH CARE NEEDS

LESSON TITLE: MANAGEMENT OF RESOURCES

Evaluation Items:

True/False

In the space provided, place a "T" if the statement is true or an "F" if the statement is false.

_____ 1. Food stamps are available to anyone who applies for them.

_____ 2. When preparing a budget, remember that all costs are inflexible.

_____ 3. Food stamps cannot be used to purchase tobacco, liquor, or non-edible items from the grocery store.

_____ 4. Food stamps are obtained through the Division of Health.

_____ 5. A well-prepared budget, if adhered to, can help to save money.

_____ 6. Budgeting skills can be applied to the home health aide's personal needs, as well as to those of the patient.

_____ 7. Food stamps may be used to purchase seeds with which to grow food.

_____ 8. Budgets may be made for long term use or only for a short length of use.

_____ 9. All food stamp recipients are allocated the same amount of food stamps.

LESSON PLAN: 4

COURSE TITLE: HOME HEALTH AIDE

UNIT III: HOMEMAKING SERVICES ESSENTIAL TO HEALTH CARE NEEDS

LESSON TITLE: MANAGEMENT OF RESOURCES

Answers to Evaluation Items:

1. F
2. F
3. T
4. F
5. T
6. T
7. T
8. T
9. F

Budget Worksheet

Fixed Expenses	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**ANNUAL**
Rent/Mortgage													
Fuel/Water													
Utilities													
Telephone													
Homeowners Insurance													
Automobile Insurance													
Medical/Life Insurance													
Real Estate Tax													
Savings													
Automobile Loan													
Other Loans													
Credit Card Debts													
Emergency Fund													
Fixed Expenses TOTAL													

Flexible Expenses	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**ANNUAL**
Food/Beverage													
Clothing/Personal Care													
Laundry/Cleaning													
Animals													
Periodicals													
Entertainment/Gifts													
Travel/Vacations													
Household Maintenance													
Outside Maintenance													
Repairs													
Home Furnishings													
Transportation													
Gas/Oil													
Repairs													
Commuting/Parking													
Children's Expenses													
Allowances													
Lessons/Camp													
Education													
Tuition/Room & Board													
Books and Supplies													
Medical Expenses													
Dentist/Doctor/Drugs													
Contributions													
Charity													
Church													

Flexible Expenses TOTAL _____ + TOTAL FIXED EXPENSES _____ = TOTAL EXPENSES _____ NET INCOME _____

LESSON PLAN: 5

COURSE TITLE: HOME HEALTH AIDE

UNIT III: HOMEMAKING SERVICES ESSENTIAL TO HEALTH CARE NEEDS

SCOPE OF UNIT: In Unit III the role of the home health aide in homemaking services essential to health care needs will be discussed. For the safety of both the patient and the home health aide, a knowledge of proper handwashing technique is vital. The home health aide should also be cognizant of basic considerations involved in accident prevention, actions in case of disaster, management of resources, housekeeping, and laundry.

LESSON TITLE: HOME LAUNDRY

LESSON OBJECTIVE: THE STUDENT SHOULD BE ABLE TO:

1. List four ways to sort laundry.
2. State the difference between hot water, warm water, and cold water washing.
3. List two things to do when drying clothes.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Examples of laundry pretreatment products.
2. Examples of light-duty laundry detergents.
3. Examples of heavy-duty laundry detergents.
4. Examples of chlorine bleach, both liquid and powdered.
5. Examples of oxygen bleach.
6. Examples of liquid fabric softeners.
7. Examples of fabric softeners for use in dryer.
8. Handout #1: Washing Special-Care Items
9. Handout #2: Stain Removal Chart

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Rapier, Dorothy Kelley, et. al. Practical Nursing. 4th edition. St. Louis: The C.V. Mosby Company, 1970.

Whirlpool Corporation. Whirlpool Automatic Washer Laundry Guide. Benton Harbor, MI: Whirlpool Corporation.

INTRODUCTION: The health aide is often called upon to help with the laundry in a patient's home. The aide must be prepared to cope with unfamiliar laundry facilities and products. In addition, he/she must know how to deal with laundry problems that may be new to him/her. This lesson explains the types and uses of laundry products and offers tips for stain removal.

LESSON PLAN: 5

COURSE TITLE: HOME HEALTH AIDE

UNIT III: HOMEMAKING SERVICES ESSENTIAL TO HEALTH CARE NEEDS

LESSON TITLE: HOME LAUNDRY

I. Washing

  A. Laundry facilities

    1. Handwashing in sink or tub

    2. Washing machine - modern agitation, old-fashioned wringer, portable, etc.

    3. Dryer (gas or electric) or clothes line

    4. If unfamiliar with machine in patient's home, ask patient, family member, or caretaker for instructions on operation.

  B. Check the labels on all clothing and other items in laundry; manufacturer may recommend dry cleaning or other special instructions.

  C. Sort laundry

    1. Sort by color - whites with whites, colorfast; non-colorfast; light versus dark; etc. Always wash light colored synthetics and permanent press separately, as they tend to pick up other colors. ✓

    2. Separate heavily soiled from lightly soiled items, especially if the soil is oily.

    3. Sort by fabric and garment type. Do not wash heavy materials with delicate knits or lingerie.

    4. Keep lint "shedders" and lint "magnets" separated. Would you want to wear a sweater that had been washed with a chenile bedspread?

    5. Special Care Items (See Handout #1

  D. Prepare clothes for washing

    1. Empty pockets.

    2. Remove unwashable trim, ornaments and belts.

    3. Close zippers, hooks and snaps to avoid snagging or tearing.

4. Turn down cuffs and invert pockets to remove dirt and debris.

5. Mend rips, tears, hems, and loose buttons, snaps and hooks.

6. Pretreat spots, stains and heavily soiled areas.

E. Pretreating (See Handout #2)

   1. Heavily soiled, stained, or greasy laundry items should be pretreated or soaked to help remove stains and loosen stubborn soil.

   2. Washing and drying sets many stains. If possible, remove stains when fresh.

   3. Test stain removers on an inside seam or other hidden area to be sure they do not damage fabric or alter color.

   4. If using an enzyme detergent, presoak, or meat tenderizer (for protein-type stains such as baby-formula, grass, blood, milk, etc.) do not soak for over two hours; do not use with chlorine bleach (bleach kills enzymes); use cool or cold water (hot water will set stain).

   5. Put stained area face down on white cloth or paper towel; treat stain from back. This helps force stain off fabric rather than deeper into fabric.

F. Water temperature

   1. Hot water

      a. Best cleaning for heavy soils and oil

      b. Helps prevent dinginess

      c. Whites, colorfast cottons, linens, rayon, diapers

   2. Warm water

      a. Less fading and dye bleeding

      b. Knits, synthetics, permanent press, blends, sheers, lace, plastics, washable woolens, dark or non-colorfast colors

   3. Cold water

      a. Pretreat spots, stains, and oily soils.

      b. Generally less effective than hot or warm water

      c. Detergent may clean better if dissolved in warm water before adding to wash.

        d. Used with some non-colorfast colors, bright colors, and lightly soiled fabrics

    4. Cold rinse water saves energy and helps prevent setting wrinkles.

G. Detergent

    1. Light-duty (Ivory, Woolite, etc.) - especially for light soil and fine fabrics (hosiery, silk, etc.)

    2. Heavy-duty (Tide, Fab, Cheer, etc.) - for cleaning moderate or heavy soil from fabrics.

    3. Detergents may be in liquid, powdered, or tablet form.

    4. Check manufacturer's directions on detergent label for machine type (usually based on light soil and normal size load in soft water). Use more detergent for hard water, larger loads, and heavy or greasy soil.

H. Bleach

    1. Always use bleach with caution; be sure clothes are rinsed well after use.

    2. Chlorine bleach

        a. Liquid or powdered

        b. Excellent disinfectant

        c. Good stain remover but may damage fabrics

        d. NEVER use on silk, wool, spandex, acetates or if specifically prescribed on garment label.

        e. NEVER mix with ammonia or solvent-type cleaners.

        f. NEVER pour directly onto fabrics.

    3. Oxygen bleach

        a. Works best in hot water

        b. May be used with most washable fabrics

I. Liquid fabric softeners

    1. Follow directions on package. Undiluted fabric softener can cause stains. Too much can decrease absorbency of diapers; towels, etc.

    2. DO NOT use at same time as other laundry products; stains may result.

II. Drying

   A. Check garment label; item may need to be drip-dried on a hanger or laid flat to dry.

   B. If using clothes line, hang clothes neatly and securely; this will lessen the number of wrinkles and keep items from blowing off line onto ground.

   C. If using automatic dryer, use cycle setting appropriate to fabrics being dried. A load of denim jeans requires more time and higher temperatures than lingerie.

   D. Remove items from dryer as soon as cycle is finished. Fewer wrinkles usually result if clothes are immediately hung up or folded.

   E. Some fabric softeners (usually in sheet form) are designed for use in the dryer instead of washing machine. Follow directions on box.

III. Ironing

   A. Use hot setting appropriate to fabric.

   B. NEVER leave iron face down; scorching or burning may result.

   C. To prevent shine, press dark fabrics, silks, corduroy, linen, acetates, rayon and some wools on wrong side; use of a pressing cloth is desirable.

IV. Special notes for the home health aide

   A. Do not be afraid to ask questions if you are not familiar with a particular machine or fabric or have other questions.

   B. Encourage family participation. Perhaps no one except the incapacitated person knows how to do laundry. Teach them, patiently, one step at a time.

   C. Try to fold and store clean laundry according to customs of this particular family.

V. Summary and Conclusion

   A. Discuss Interaction Items.

   B. Review Key Points.

LESSON PLAN: 5

COURSE TITLE: HOME HEALTH AIDE

UNIT III: HOMEMAKING SERVICES ESSENTIAL TO HEALTH CARE NEEDS

LESSON TITLE: HOME LAUNDRY

INTERACTION ITEMS:

1. What criteria should be used when sorting laundry?
2. Why should zippers, hooks, and snaps be closed before washing a garment?
3. Why is it important to pre-treat a stain?
4. Should all items be washed with the same type of detergent and in the same temperature water? Why?
5. Why should chlorine bleach not be used in conjunction with ammonia or solvent-type cleaners?
6. What can be done to prevent shine on susceptible fabrics?

CLASSROOM, LABORATORY, SHOP OR OTHER ACTIVITIES:

1. Examine examples of laundry products. Note directions and contents as listed on the box or bottle.
2. Study and discuss Handout #1 and Handout #2.

LESSON PLAN: 5

COURSE TITLE: HOME HEALTH AIDE

UNIT III: HOMEMAKING SERVICES ESSENTIAL TO HEALTH CARE NEEDS

LESSON TITLE: HOME LAUNDRY

Evaluation Items:

True/False

In the space provided, place a "T" if the statement is true or an "F" if the statement is false.

______ 1. All laundry loads require the same amount of detergent.

______ 2. Laundery should be sorted rather than washing all items together.

______ 3. Be sure zippers, hooks, and snaps are open before washing a garment.

______ 4. All types of stains should be treated by the same method.

______ 5. Washing and drying sets many stains. If possible, remove stains when fresh.

______ 6. Cold water is the best choice to clean oily, heavily soiled items.

______ 7. Only powdered detergents should be used for laundry.

______ 8. Chlorine bleach should NEVER be#mixed with ammonia or solvent-type ✓ cleaners.

______ 9. Hard water requires less detergent than does soft water.

______ 10. The use of too much liquid fabric softener may decrease absorbency of diapers, towels, etc.

______ 11. All garments should be dryer or line dried.

______ 12. Fewer wrinkles will result if clothes are allowed to stay in automatic dryer until cool.

______ 13. Never leave iron face down; scorching or burning may result.

______ 14. Try to fold and store clean laundry according to the customs of the family in whose house you are working.

______ 15. Never ask questions if you are unfamiliar with a machine or procedure.

LESSON PLAN: 5

COURSE TITLE: HOME HEALTH AIDE

UNIT III: HOMEMAKING SERVICES ESSENTIAL TO HEALTH CARE NEEDS

LESSON TITLE: HOME LAUNDRY

Answers to Evaluation Items:

1. F
2. T
3. F
4. F
5. T
6. F
7. F
8. T
9. F
10. T
11. F
12. F
13. T
14. T
15. F

Always follow label directions. Most items have care labels with laundering instructions. General laundering instructions for some special washables are:

Blankets and Woolens

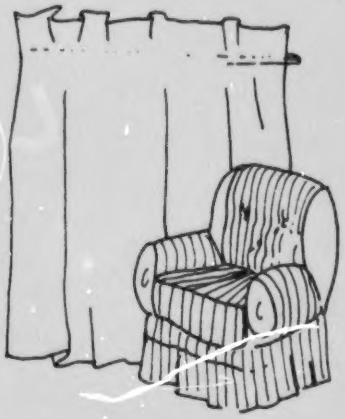
- Electric Blankets • Woolen Blankets • Washable Woolen Garments

1. Measure blanket or trace outline of garment before washing.
2. If binding is extremely soiled, brush with a concentrated solution of soap or detergent.
3. Add detergent or mild soap and water conditioner to basket. Fill and agitate briefly to dissolve detergent.
4. Stop washer; unfold blanket. Load it in washer evenly around agitator. Soak 10-15 minutes.
5. Start washer. Set control to drain and spin. Spin about one minute.
6. Fill washer for deep rinse. Allow washer to finish wash cycle automatically. (Add fabric softener if desired)
7. Lay item on flat surface and block by gently stretching to original measurement. Woolens tend to shrink more the first time they are washed. This is normal. For best results, dry in a dryer. To dry on line, choose a breezy day and hang blanket in shade over two lines. Pin binding edges together over line and straighten edges. When blanket is partially dry, change position and straighten again. When dry, brush up nap with wire or nylon brush.

Blankets

- Cotton • Rayon • Synthetics

Wash as recommended for permanent press fabrics.



Curtains, Draperies, and Slip Covers

1. Be sure fabric is washable, shrink resistant, and colorfast before washing
2. Select water temperature and cycle according to type of fabric
3. Shake or vacuum to remove loose dirt
4. Prewash or soak if badly soiled
5. Wash small loads. Crowding will cause wrinkling
6. Dry in dryer or on line
7. Replace slipcovers on furniture while still slightly damp. They will dry to fit tightly

NOTE: Sun-damaged curtains and draperies will tear whether hand or machine washed

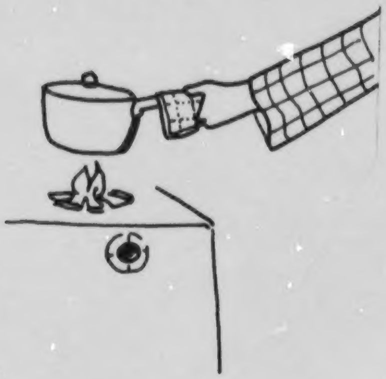
Diapers and Baby Clothes

1. Rinse immediately. Soak diapers in a solution of lukewarm water and a small amount of detergent until you are ready to wash them
2. Treat spots and stains before washing
3. Spin excess water from diapers before washing
4. Wash diapers, following the directions for white cottons and linens
5. Wash small items in a mesh bag

NOTE: You may wish to use bleach or a special soaking product for soaking diapers. Do not use liquid fabric softer every time. Overuse of fabric softener reduces the absorbancy of diapers

Elastic

1. Elastics pick up oil from the body. Since oil damages elastics, wash often to help reduce the damage.
2. Use warm enough water and sufficient detergent to remove oils.
3. Dry at lowest dryer temperature setting. Remove from dryer while still slightly damp.



Flame Retardant Finishes

Some items may be treated to improve their resistance to burning if exposed to flame. Such items will be clearly labeled. To keep flame retardant qualities through continuous use and washing, wash according to the manufacturer's instructions.

Glass Fiber Materials

1. Most fiberglass fabrics are not machine washable or dryable. Even if some are, do not wash glass fiber materials in your washer. Some fibers can remain in the washer. These glass particles could stick to fabric washed in the next load and cause skin irritation.

Napped Items

- Corduroy
- Velveteen

1. Use hot or warm water, depending on colorfastness.
2. Turn inside out before washing.
3. Restore fluffiness in your dryer. If line dried, place on hangers to dry and brush up nap.

Permanent Press Fabric

Permanent press is a special finish applied to fabrics. It helps the garment to stay smooth and wrinkle-free...if it is washed correctly. When the finish is heated (as in hot water or a dryer), it softens and becomes pliable. It will give up wrinkles at this time. Permanent press items should not be crushed while warm (in spin or when dryer stops). Wrinkles will be put back in. Many washers and dryers have special cool-down cycles for permanent press to help prevent setting wrinkles.

1. Wash frequently. Permanent press garments stay so fresh looking that people tend to postpone laundering. Once they become soiled and stained they are difficult to clean.
2. Remove stains as soon as possible. Pretreat stains or heavy soils with a liquid detergent, a paste made from your regular detergent, or a special pretreatment product.
3. Sort properly. Always wash whites in a separate load to prevent color pick-up from other garments.
4. Wash small loads. Crowding in the washer can cause wrinkling.
5. Select wash time and water temperature according to amount of soil.
6. Use a cold rinse.
7. Add a diluted fabric softener in deep rinse to reduce the static electricity that attracts lint and makes garments cling.
8. Follow instructions on the garment's label for proper use of bleach.
9. Tumble dry for best results and remove load as soon as tumbling stops to help prevent setting in wrinkles.

Pillows and Stuffed Toys

• Feather • Polyester • Foam

1. Be sure pillow covers are securely stitched.
2. Partially fill washer with water, add detergent, agitate until detergent is dissolved.
3. Place two pillows in washer on opposite sides of agitator to balance load.
4. Allow washer to completely fill and continue through cycle.
5. Stop the washer occasionally to press air from item being washed.

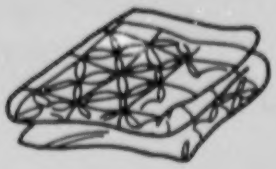
   NOTE: Washing feather pillows is not recommended unless they are dryer dried.

6. Dry foam rubber items without heat (air dry cycle).

Plastic and Rubber Items

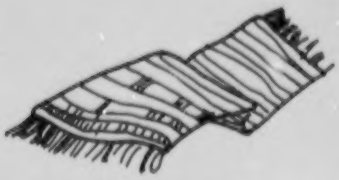
• Shower Curtains • Tablecloths • Baby Panties, etc.

1. Treat as delicate items.
2. Wash in warm water.
3. Wash small items in a mesh bag.
4. Dry without heat.



Quilts and Bedspreads

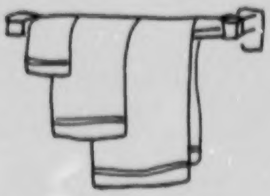
1. Treat quilted items as a delicate item.
2. Wash one quilt or bedspread at a time. Distribute evenly around agitator.
3. If dried on line, shake occasionally; for best results, dry in a dryer.
4. Do not wash cotton-filled comforters unless they are quilted or stitched; cotton batting, when only tucked, tends to slip and become lumpy.



Scatter Rugs

1. Check label to be sure rug is washable and colorfast.
2. Shake or vacuum well.
3. Pre-wash or soak rug if it is badly soiled.
4. Wash more than one small rug at a time. If you wash only one small rug, add bath towels to balance the load. A larger rug should be distributed around the agitator to balance the load. Remember, for good washing results, the rug should move freely during agitation.

   Do not dry rubber backed rugs on heat setting of your dryer. Use air setting only, or line dry.



Towels

Some towels, particularly those made of a blend of synthetic fibers and natural fibers (polyester and cotton blends) may shed more lint than other towels. When they are washed, you may find lint in the basket at the end of the wash cycle. Also, the lint filter in your dryer may get full faster. Be sure to remove the lint from the washer and the dryer lint screen when you wash new towels.

Washable Knits

Knits are comfortable to wear because they stretch and give. However, this "stretchy" factor means they will be less stable than a woven fabric when washed. When manufactured, some knit fabrics may be stretched. When the garment is washed, the fabric can return to its original size. This is the nature of knits when they are washed...either by hand or washer. Knits made of synthetic fibers, such as polyester, acrylic, and nylons, are more likely to keep their original size than knits made of cotton or rayon. Knit garments made of a blend of synthetic fiber and a cellulosic fiber such as cotton or rayon also hold their size better than those of cotton or rayon.

1. Select cycle, wash temperature and time depending upon fiber content, construction of garment, amount of soil, and colorfastness.
2. Follow garment manufacturer's recommendations on the care label or hand tag.
3. To prevent snagging, close zippers, fasten hooks and eyes, and turn wrong side out.
4. Sort properly. White synthetic fiber items pick up color readily from other items.

Handout 2

Stain Removal Chart

Type of Stain	Cleaning Method
Alcoholic Beverage:	These stains turn brown with age and should be treated immediately. Sponge or soak fresh stain in cold water. Wash as soon as possible.
Blood:	Rinse immediately in cold water or wash in cold water and enzyme pre-soak. If stain persists, make a paste of meat tenderizer and warm water. Cover stain for 15-30 minutes. Sponge with cool water or soak in enzyme pre-soak. Use of proper bleach may be necessary.
Chocolate or Coffee:	Soak in warm or cold water then brush vigorously with a paste of detergent and hot water. Treat with pre-wash stain remover then wash item.
Crayon/Candle Wax:	Scrape off excess wax with dull knife blade. Sponge area with non-flammable drycleaning solvent. Wash.
Cream/Ice Cream/Milk:	Sponge with drycleaning solvent. Follow procedure for fruit stain or chocolate. Wash item.
Deodorants:	Treat with liquid detergent, liquid pre-wash stain remover, or drycleaning solvent. Wash in hottest water safe for fabric.
Egg:	Soak in cold or warm water using enzyme pre-soak. Wash.
Fat/Grease/Oil:	Use pre-wash stain remover. Wash. Or treat with liquid detergent or detergent paste. Wash. Or sponge with drycleaning solvent. Wash
Fruit Stains:	Soak immediately in cold water. Wash. Should stain remain, make a paste of hot water, oxygen-type bleach, and a few drops of ammonia. Leave on stain for 15-30 minutes. Wash.
Grass:	Soak in warm or cold water. Apply pre-wash stain remover and wash in water temperature safe for fabric. Or wash using appropriate bleach.
Gum:	Apply ice to harden gum. Use dull knife to scrape off as much as possible. Sponge with non-flammable drycleaning solvent.
Ink:	Apply liquid pre-wash stain remover and allow to soak several minutes. (Spray ballpoint pen ink stain with hairspray.) Wash fabric. If stain remains, treat item with appropriate bleach.

Stain Removal Chart Continued

Lipstick: Sponge with drycleaning solvent. Wash item using appropriate bleach.

Mildew: Wash mildewed item. If stain remains, cover area with paste of oxygen-type bleach (not chlorine), hot water, and a few drops of ammonia. Let soak for 15-30 minutes. Wash.

Mustard: Wash in hot soapy water and appropriate bleach.

Paint: Water Base: Rinse immediately in warm water to flush out paint. Wash item. Stain must be treated immediately because these paints cannot be removed after they dry.
Oil Base: Sponge with drycleaning solvent. Wash.

Perspiration: Soak in warm water and enzyme pre-soak. Wash in hottest water safe for fabric. If stain remains, sprinkle damp fabric with meat tenderizer. Let stand 30-45 minutes. Wash.

Scorch: Bleach with diluted chlorine bleach. Wash. On colored fabrics, apply oxygen-type bleach and hot water to stain, then wash as usual.

Courtesy of: Whirlpool Automatic Washer, *Laundry Guide*

LESSON PLAN: 6

COURSE TITLE: HOME HEALTH AIDE

UNIT III: HOMEMAKING SERVICES ESSENTIAL TO HEALTH CARE NEEDS

SCOPE OF UNIT: In Unit III the role of the home health aide in homemaking services essential to health care needs will be discussed. For the safety of both the patient and the home health aide, a knowledge of proper hand-washing technique is vital. The home health aide should also be cognizant of basic considerations involved in accident prevention, actions in case of disaster, management of resources, housekeeping, and laundry.

✓

LESSON TITLE: GENERAL HOUSEKEEPING

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Name three basic concepts of general housekeeping.
2. Recall good body mechanics.
3. Repeat three factors of health protection and safety.
4. Relate proper use of cleaning products.
5. Relate proper use of cleaning equipment.
6. Name four areas of special consideration in housekeeping.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Handout #1: Good Body Mechanics

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Rapier, Dorothy Kelley, et. al. Practical Nursing. 4th edition. St. Louis: The C.V. Mosby Company, 1970.

INTRODUCTION: Cleaning floors, dusting and straightening, getting rid of trash, and washing dishes are part of maintaining a clean, safe and healthy environment. The patient (if he/is able) and family members should be encouraged to participate in the housekeeping tasks performed.

LESSON PLAN: 6

COURSE TITLE: HOME HEALTH AIDE

UNIT III: HOMEMAKING SERVICES ESSENTIAL TO HEALTH CARE NEEDS

LESSON TITLE: GENERAL HOUSEKEEPING

OUTLINE: (Key Points)

I. Basic Concepts

A. A written care plan, developed by the professional team, is a useful guide.

B. Flexibility is important, as priority may need to be given to certain activities at certain times.

C. Maintaining or improving the home environment must be related to the family's customs, style and values. The home health aide should be sensitive to such factors as:

1. Reluctance to have a stranger handle personal items.

2. Methods of performing tasks; the patient and/or family may want things done in their customary way, which may differ from the home health aides method.

3. Housekeeping, due to values and life style, may be of great or of little importance to patient and family.

4. An ill mother, an elderly person, a normally independent patient -- all may be sensitive about being unable to do their own housework and may actually feel threatened by the aide.

II. Use of Good Body Mechanics

A. Body mechanics is the way in which the body moves and maintains balance.

B. Important in avoiding muscle and joint strain, injury and preventing unwarranted fatigue.

III. Health Protection and Safety

A. A primary concern

B. Diseases may be transmitted through improper dishwashing, clothes washing, food-handling, etc.

C. Handwashing

    1. Basic principle of safety

    2. Before and after tasks, especially after handling soiled or contaminated items

D. Fleas, flies, mice, rats and roaches are all carriers of disease. Their control is important to patient and family health protection and safety.

IV. Proper Use of Cleaning Products

A. Always read directions on product, especially if using for first time.

B. Use amount recommended on product label.

C. Read all of the directions. Rinsing is often required on some surfaces to avoid damage.

D. Overscrubbing can damage a surface.

E. DO NOT mix products! Some combinations will release dangerous gases and fumes.

V. Cleaning Tools and Equipment

A. Exercise care; become familiar with the purpose and use of equipment.

B. Keep all cleaning tools clean and in their proper places.

C. Maintain equipment. For example, vacuum cleaner bags should be emptied and their brushes checked frequently.

D. Improvise if necessary. If there is no vacuum cleaner, sweep the rug with a broom.

VI. Special Cleaning Considerations

A. Dusting and straightening

    1. Once a week or as necessary

    2. Dusting may need to be done daily if patient has allergies.

B. Cleaning rugs and floors

    1. Contributes greatly to look and feeling of cleanliness.

    2. Vacuum rugs and carpets thoroughly, using long strokes.

    3. Straighten out wrinkles and folds in carpets and rugs.

    4. When mopping, do not allow water to stand on floor; it may be slippery and very dangerous.

C. Kitchen

1. Check for and correct safety hazard. Example - keep cleaning supplies out of reach of children.

2. Washing dishes ✓

3. Ammonia mixed with sudsy water may be used to clean the oven.

4. Refrigerator

    a. Wipe interior frequently. Wiping with two tablespoons of baking soda in one quart of warm water helps keep the refrigerator odor free. Shelves and trays may be washed in soapy water.

    b. Defrost when there is one-half inch or more of frost in freezer section.

        1) Turn dial to "off" or "defrost."

        2) Wrap frozen foods in newspaper or place in ice chest to keep frozen.

        3) May be accomplished more quickly by placing pans of hot water in freezer compartment.

        4) NEVER use knife or other pointed instrument to chip off frost as freezing unit could be damaged.

D. Bathroom

1. A clean, odor-free bathroom is essential in improving and demonstrating good home housekeeping, hygiene, and safety. ✓

2. Moisture and warmth of bathroom is an ideal growing place for germs and mold.

3. Accident - frequency high

    a. Rugs and mats should be non-skid.

    b. Puddles should be wiped up immediately.

    c. Grab bars and traction strips or mats are important safety features in tubs and showers, especially if there are elderly or handicapped persons.

4. Cleaning bathtub, shower stall, and sink

    a. Use sponge or cloth and hot soapy water.

    b. Scrub sides and edges too! They are good areas for germ growth.

5. Toilet bowl

   a. Use brush and cleaner in bowl; cloth or sponge on other surfaces.

   b. Be careful to get up under rim.

   c. If stronger cleaner is needed, flush first cleaner before adding second to avoid possible chemical reaction. ✓

6. Medicine cabinet

   a. Wipe with cloth or sponge.

   b. Replace containers in same spots and order as before; people often expect the same bottle to be there and do not read the label.

   c. Keep labels dry; printing may become illegible or label may come unglued.

Summary and Conclusion

1. Discuss Interaction Items.

2. Review Key Points.

LESSON PLAN: 6

COURSE TITLE: HOME HEALTH AIDE

UNIT III: HOMEMAKING SERVICES ESSENTIAL TO HEALTH CARE NEEDS

LESSON TITLE: GENERAL HOUSEKEEPING

INTERACTION ITEMS:

1. Discuss why a patient currently unable to maintain housekeeping tasks might be resentful of the presence of the home health aide.
2. Why is the use of good body mechanics important in housekeeping?
3. Is it permissible to mix cleaning products? Why?
4. What are some ways in which you can improvise needed cleaning products or tools?
5. Why is the use of a knife to remove ice and frost from the freezer not a good idea?
6. Why shouldn't you rearrange the medicine cabinet?

CLASSROOM, LABORATORY, SHOP OR OTHER ACTIVITIES:

1. Discuss Interaction Items.
2. Discuss Handout #1.

LESSON PLAN: 6

COURSE TITLE: HOME HEALTH AIDE

UNIT III: HOMEMAKING SERVICES ESSENTIAL TO HEALTH CARE NEEDS

LESSON TITLE: GENERAL HOUSEKEEPING

Evaluation Items:

1. List the three basic concepts of general housekeeping.

    1.

    2.

    3.

2. ____________ ____________ is the way in which the body moves and maintains balance.

3. List three factors of health protection and safety.

    1.

    2.

    3.

4. Proper use of cleaning products (circle those that apply):

    a. All product instructions are alike.
    b. Read all of the directions; special instructions may be included.
    c. Scrub all surfaces as hard as possible.
    d. Do not mix products, as dangerous gasses and fumes may be released.

5. List two factors in the proper use of cleaning equipment.

    1.

    2.

6. Name four areas of special consideration in housekeeping.

    1.

    2.

    3.

    4.

LESSON PLAN: 6

COURSE TITLE: HOME HEALTH AIDE

UNIT III: HOMEMAKING SERVICES ESSENTIAL TO HEALTH CARE NEEDS

LESSON TITLE: GENERAL HOUSEKEEPING

Answers to Evaluation:

1. Written care plan
   Flexibility
   Maintaining or improving home environment

2. Body mechanics

3. Transmission through improper diswashing, clothes washing, food handling, etc.
   Handwashing
   Insects and rodents

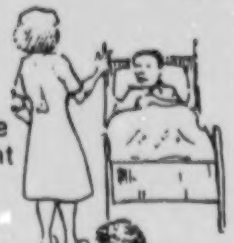
4. B, D

5. See Outline V-A through D

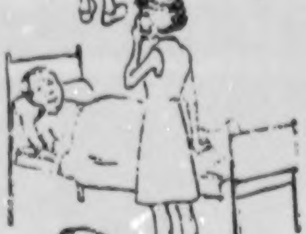
6. Dusting and straightening
   Cleaning rugs and floors
   Cleaning kitchen
   Cleaning bathroom

Good Body Mechanics

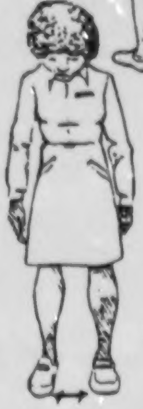
1. When you are lifting a patient, be sure that the patient knows you are lifting–how you plan to lift--and where you are going to lift the patient to.



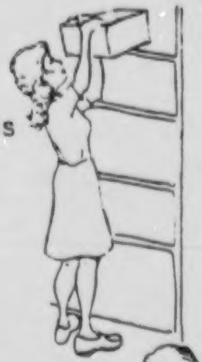
2. Size up the load to be lifted. Do not attempt to lift alone if you have any doubt about your ability to do so.



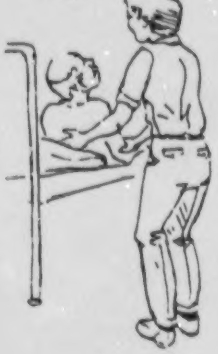
3. Check your footing. Your feet should be apart to give you a broad base of support (good balance).



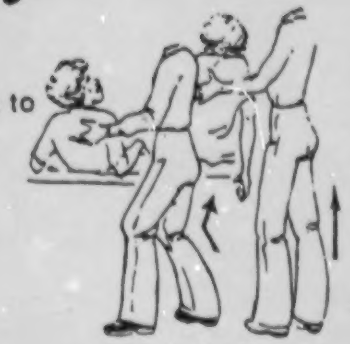
4. Get close to whatever is being lifted--instead of reaching for it. Move in and hold close.



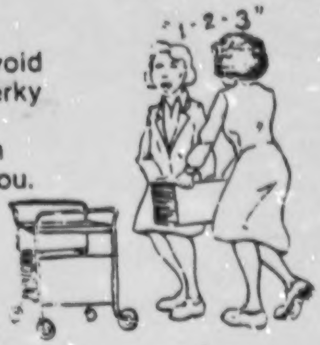
5. Get yourself "lined up," i.e., keep your back straight (put on "high midriff") bend at the knees and hips.



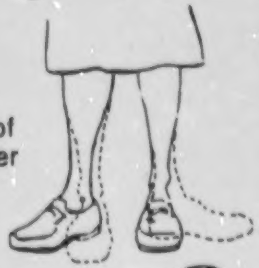
6. Straighten your legs to lift.



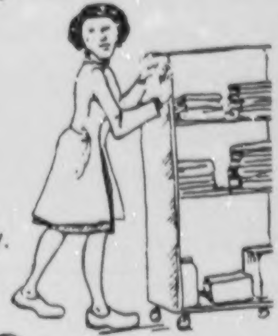
7. Lift smoothly to avoid strain produced by jerky movements–get together (1, 2, & 3) with the person helping you.



8. Shift the position of your feet to turn–never twist your body.



9. Push or pull an object (instead of lifting) whenever you can, and use these same rules. It's safer and easier that way.



10. Spread this gospel to others, so that all of us will lift well and safely.

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LESSON PLAN: 1

COURSE TITLE: HOME HEALTH AIDE

UNIT IV: NUTRITION

SCOPE OF UNIT: Proper nourishment, vital to good health, is of the utmost importance in illness. The home health aide may be called upon to assist the patient and his/her family in nutritional matters and must, therefore, be cognizant of factors in food buying, preparation and storage as well as the nutritional needs and appetite motivation of the patient.

LESSON TITLE: BASIC FOOD GROUPS

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Name the basic food groups.
2. Relate the effects of nutrition and its role in the health of individuals.
3. Define the role of special diets as part of the total care plan.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Handout #1: Basic Food Groups
2. Missouri Diet Manual (From Dept. of Social Services: Missouri Division of Health and Missouri Division of Aging)
3. Cans and packages of food with detailed listing of contents

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Culver, Vivian M. Modern Bedside Nursing. Philadelphia: W.B. Saunders Company, 1969.

Howe, Phillis Sullivan. Basic Nutrition in Health and Disease. Philadelphia: W.B. Saunders Company, 1971.

Rosdahl, Caroline B. and Ella M. Thompson. Textbook of Basic Nursing. Philadelphia: J.B. Lippincott Company, 1973.

INTRODUCTION: While the amount of food we eat is important, the kinds of food eaten provide the key to good nutrition. A balanced diet with food from all four food groups prevents nutrient deficiencies, helping to maintain good health and competent body functions.

LESSON PLAN: 1

COURSE TITLE: HOME HEALTH AIDE

UNIT IV: NUTRITION

LESSON TITLE: BASIC FOOD GROUPS

OUTLINE: (Key Points)

I. Basic Food Groups and Their Components ✓

  A. Basic food groups (See Handout #1)

    1. Milk and dairy products

      a. Cheese, cottage cheese, butter, ice cream, buttermilk, yogurt

      b. Best source of riboflavin and calcium

      c. Good source of protein, phosphorus, thiamine, vitamin D (if product is fortified); whole milk contains fats and vitamine A

      d. Recommended amounts: Children three to four cups daily; teenagers four or more cups; and adults two or more cups. ✓

    2. Meat and Eggs

      a. Meat, poultry, fish, legumes, nuts, lentils, eggs, peanut butter

      b. Sources of protein, B vitamins, phosphorus; liver high in vitamin A and fat

      c. Eggs have protein, iron, B vitamins, phosphorus; yolk contains vitamin A and fat

      d. Two or more servings daily

    3. Vegetables and Fruits

      a. Carrots, peas, green beans, brussels sprouts, spinach, broccoli, okra, lettuce, celery, potatoes, cantaloupe, watermelon, oranges, apples, bananas, pineapples, pears, berries, tomatoes ✓

      b. All vegetables and fruits contain sugar, starch, cellulose, and varying amounts of vitamins and minerals.

c. Citrus fruits and tomatoes are high in vitamin C, as are cantaloup, strawberries, broccoli, brussels sprouts, peppers, and potatoes.

d. Dark green and deep yellow vegetables are high in vitamin A; leafy green vegetables are rich in iron, also.

e. Four or more servings; a fruit or vegetable high in vitamin C daily; a dark green or deep yellow vegetable a least every other day.

4. Breads and cereals

   a. Whole-grain, enriched, or restored breads, rice, wheat, rye, barley, oats, cornmeal, hominy, pasta, cereal

   b. All grains contain starch and incomplete proteins.

   c. Cereal, if whole-grained, restored, or enriched, will be high in niacin, riboflavin, thiamine, and iron.

   d. Four or more servings daily.

B. Basic food components

1. Carbohydrates (starches and sugars)

   a. Produce body heat and energy

   b. Most economical and most readily digested source of energy

2. Fats

   a. Concentrated sources of heat and energy

   b. Build fatty tissue

3. Proteins

   a. Produce heat and energy

   b. Build and repair tissues

4. Vitamins

   a. Regulate body processes

5. Minerals

   a. Regulate body processes

   b. Build and repair tissues

6. Cellulose (roughage)

    a. Not digestible in human body

    b. Adds bulk to food and helps it move through digestive tract

7. Water

    a. Chief component of all living matter

II. Symptoms From Lack of Nutrients

A. Lack of nutrients essential to the human body over an extended period can deplete body reserves sufficiently to cause severe deficiency diseases or symptoms. The body's store of some nutrients, such as vitamins A and D, may last for months in a healthy, well-fed adult.

B. Vitamin tablets are not necessary in the presence of an adequate diet and probably should not be taken unless advised by the patient's physician; large and chronic excesses of some nutrients may be harmful.

C. Many of the classic deficiency diseases have become relatively rare in the United States due to enrichment and fortification of foods.

D. Some symptoms which may be encountered by the home health agency personnel include:

    1. Calorie deficiency: semi-starvation, excessive leanness, and, in children, growth retardation. May be secondary to chronic illness or disease.

    2. Scurvy: lack of vitamin C or ascorbic acid, which results in a disease marked by loosening of the teeth, spongy gums, and rupture of the small blood vessels, giving rise to hemorrhages in joints, muscles, and subcutaneous tissues. Very little vitamin C stored in body.

    3. Vitamin A deficiency: characterized by "night blindness", rough scaly skin; poor tooth formation; dry mucous membranes.

    4. Vitamin D deficiency: soft bones, poor teeth; poor posture; bowed legs; rickets.

    5. Vitamin K deficiency: prolonged clotting time of the blood; hemorrhagic disease in newborns.

    6. Anemia: while not all anemias are nutritional in origin, the most common cause of lower than normal level of hemoglobin in the blood is iron deficiency.

    7. **Iodine deficiency**: leads to enlargement of the thyroid gland, or simple goiter.

    8. **Potassium deficiency**: symptoms include apathy, muscular weakness, tachycardia, and poor gastrointestinal tone.

  E. The above examples point out the diversity of problems caused by nutrient deficiencies, although they constitute but a small portion of the total possibilities: the importance of good nutrition becomes more readily apparent from these examples.

  F. Nutrient deficiencies may be due to many causes, such as ethnic preferences and habits, illness, and depression.

III. Special Diets

  A. Modifications of normal adequate diets designed for the particular needs of a patient.

  B. May be temporary or a permanent need.

  C. May be used for therapy in gastrointestinal disorders, food allergies, diabetes, restricted sodium intake, hypoglycemia, weight loss or gain, and numerous other reasons. ✓

  D. The diet should be prescribed by the physician and designed by a nurse or dietician.

  E. The home health aide should be aware of requirements and restrictions set forth in specific diets. When planning and preparing meals and when shopping for food, she must be prepared to act according to the patient's special needs.

IV. Summary and Conclusion

  A. Discuss Interaction Items.

  B. Review Key Points.

LESSON PLAN: 1

COURSE TITLE: HOME HEALTH AIDE

UNIT IV: NUTRITION

LESSON TITLE: BASIC FOOD GROUPS

INTERACTION ITEMS:

1. What are the basic food groups?
2. Discuss the effects of nutrition and its role in the health of individuals.
3. What are the seven basic food components?
4. Are all vitamins and minerals stored in equal amounts and for equal periods in the human body?
5. How long is a special diet used?
6. Why must the home health aide be aware of the nutrient content of foods when preparing meals for the patient?

CLASSROOM, LABORATORY, SHOP OR OTHER ACTIVITIES:

1. Discuss normal and modified diets in the Missouri Diet Manual.
2. Discuss possible reasons why a patient might develop nutrient deficiencies, include reasons why an elderly person might be more prone to nutritional problems.
3. Discuss the contents listed on labels of cans and packages of food: are all components suitable in a low-sodium diet? in a low-potassium diet? in a low-sugar diet?

LESSON PLAN: 1

COURSE TITLE: HOME HEALTH AIDE

UNIT IV: NUTRITION

LESSON TITLE: BASIC FOOD GROUPS

Evaluation Items:

1. Name the basic food groups.

2. List three basic food components.

   1.

   2.

   3.

3. A lack of ____________ essential to the human body over an extended period can deplete ____________ sufficiently to cause severe deficient ____________ or symptoms.

4. Vitamin tablets are not necessary in the presence of an ____________.

5. ____________ are modifications of normal adequate diets designed for the particular needs of a patient.

6. Special diets may be ____________ or they may be permanent.

7. The special diet should be prescribed by a ____________ and designed by a ____________ or a ____________.

LESSON PLAN: 1

COURSE TITLE: HOME HEALTH AIDE

UNIT IV: NUTRITION

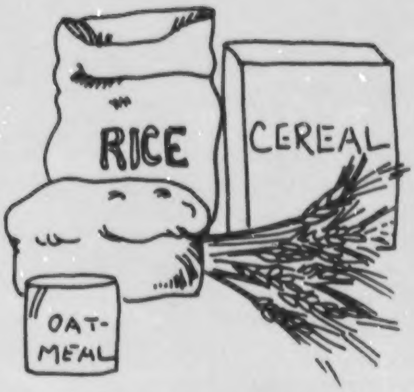
LESSON TITLE: BASIC FOOD GROUPS

Answers to Evaluation Items:

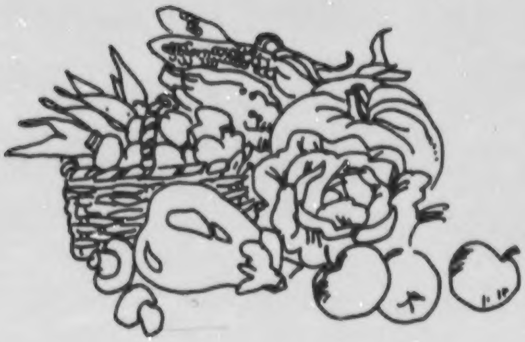
1. Milk and dairy products, meat and eggs, vegetables and fruits, breads and cereals
2. Carbohydrates, fats, proteins, vitamins, minerals, cellulose, water
3. Nutrients, body reserves, diseases
4. Adequate diet
5. Special diets
6. Temporary
7. Physician, nurse/dietician

Handout 1

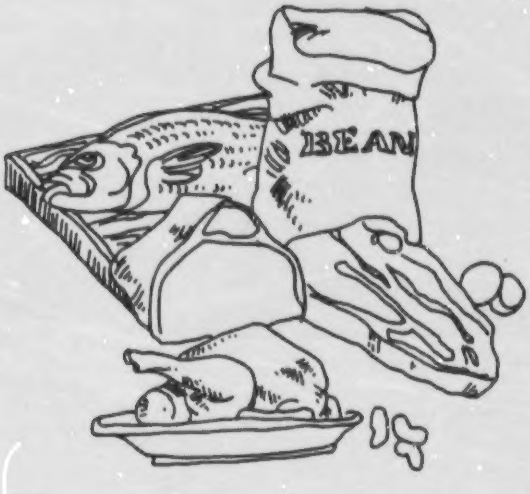
Basic Food Groups


RICE
CEREAL
OAT-MEAL

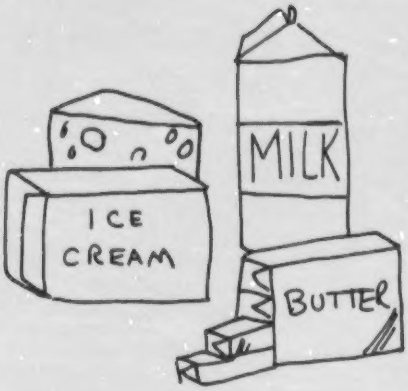
Breads and Cereals



Fruits and Vegetables



Meat and Eggs


MILK
ICE CREAM
BUTTER

Milk and Dairy Products

LESSON PLAN: 2

COURSE TITLE: HOME HEALTH AIDE

UNIT IV: NUTRITION

SCOPE OF UNIT: Proper nourishment, vital to good health, is of the utmost importance in illness. The home health aide may be called upon to assist the patient and his/her family in nutritional matters and must, therefore, be cognizant of factors in food buying, preparation and storage as well as the nutritional needs and appetite motivation of the patient.

LESSON TITLE: ROLE OF THE HOME HEALTH AIDE

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Define the role of the home health aide in information dissemination.
2. Define the role of the home health aide in buying, preparation, and storage of food.
3. Define the function of the home health aide in patient appetite motivation.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Hasler, Doris. The Practical/Vocational Nurse and Today's Family. New York: The MacMillan Company, 1972.

Rapier, Dorothy Kelley, et. al. Practical Nursing. 4th edition. St. Louis: C.V. Mosby Company, 1970.

Rosdahl, Caroline B. and Ella M. Thompson. Textbook of Basic Nursing. Philadelphia: J.B. Lippincott Company, 1973.

INTRODUCTION: The home health aide is often called upon to help with food buying, preparation, and proper storage techniques. There are often occasions when her skills as a gentle and patient instructor will be needed to see a patient or his/her family through unfamiliar times. The illness of the patient can disrupt family life, it can also disrupt the input of proper nutrition for the patient. The home health aide must be an observant sleuth to track down the cause of such problems; a creative and inspirational friend of the patient to help overcome them.

LESSON PLAN: 2

COURSE TITLE: HOME HEALTH AIDE

UNIT IV: NUTRITION

LESSON TITLE: ROLE OF THE HOME HEALTH AIDE

OUTLINE: (Key Points)

I. Information Dissemination

A. Dissemination means dispersion, as of ideas. This signifies the important teaching role of the home health aide as outlined by the RN supervisor in all facets, including nutrition.

B. When assisting the patient, his/her family or caretaker in nutrition education, the home health aide should remember to demonstrate one phase or step at a time, especially when a difficult task is involved. ✓

C. Never rush or ridicule your "students." Some may have had little or no experience in meal planning or preparation.

D. Make this learning time as enjoyable as possible.

E. Remember that each situation involves different individuals with different backgrounds, preferences, and needs; be flexible and patient.

II. Food Buying, Preparation and Storage

A. The home health aide may at times be assigned to help plan menus for the family; do the shopping; prepare a meal; and properly store food, both before and after the meal.

B. It is essential that the home health aide strive to assist in these areas during the incompetence of the patient.

C. The teaching role of the home health aide is very important in these areas. Consider the elderly man who suddenly finds his wife has died; he has never had to cook or contend with any kitchenly chores. He needs much patient coaching and instruction in all three areas.

D. The home health aide's role is to assist temporarily in the actual buying, preparation and storage of food as well as to advise and assist the family to take over tasks for themselves.

III. Motivation

A. Show patients that you really care about their well-being. Show interest by your manner and your attitude.

B. Make mealtime as happy as possible; give the patient a pleasant period to look forward to.

C. Serve food attractively. Arrange food pleasingly on plate and on tray or table.

D. Add a "little surprise" such as a flower or picture on the tray; radish roses or extra special garnish on the plate.

E. If patient has poor eyesight, describe the foods served in mouth-watering detail.

F. If patient has poor eyesight, describe location of foods on plate in terms of a clock face. For example, the meat may be placed at eight o'clock, the bread at 11 o'clock, etc.

G. Encourage patient to feed himself/herself--promote his/her sense of accomplishment and independence.

H. Know your patient's physical condition; make appropriate adjustments in schedule of meals, rest time, or medication time.

I. Do not make patient eat alone. Stay with him and make pleasant conversation.

J. Never rush the patients whether they are feeding themselves or you are feeding them. Give them plenty of time between bites.

K. Be sure the eating area is clean; remove unsightly equipment if possible; dispel~~l~~ bad odors.

L. Mealtime can be a success or a failure--much depends on the caring, the observation, and the efforts of the home health aide.

IV. Summary and Conclusion

A. Discuss Interaction Items.

B. Discuss Classroom Activities.

C. Review Key Points.

LESSON PLAN: 2

COURSE TITLE: HOME HEALTH AIDE

UNIT IV: NUTRITION

LESSON TITLE: ROLE OF THE HOME HEALTH AIDE

INTERACTION ITEMS:

1. Why is the role of the home health aide in nutritional education so important?
2. "Everybody knows how to shop, cook and store foods!" Right?
3. What are some motivation techniques the home health aide can use to help motivate a patient to better nutrition?

CLASSROOM, LABORATORY, SHOP OR OTHER ACTIVITIES:

1. Students discuss further motivation ideas.
2. Have students role play as home health aide and 1) family member who is unfamiliar with kitchen tasks and 2) finicky patient at mealtime.

LESSON PLAN: 2

COURSE TITLE: HOME HEALTH AIDE

UNIT IV: NUTRITION

LESSON TITLE: ROLE OF THE HOME HEALTH AIDE

Evaluation Items:

True/False:

In the space provided, place a "T" if the statement is true or an "F" if the statement is false.

_____ 1. When assisting the patient, his/her family or caretaker in nutrition education, the home health aide should remember to demonstrate one step at a time.

_____ 2. Each situation is similar; all individuals need the same type of instruction and help.

_____ 3. The home health aide may become involved in food buying, preparation and proper storage.

_____ 4. An elderly person who has never contended with food-related chores will not be able to learn how to do so late in life.

_____ 5. The home health aide should advise and assist the family so they can take over food-related tasks for themselves.

_____ 6. Serving food attractively and pleasantly helps make mealtime a happier time for the patient.

_____ 7. Putting a "little surprise" or special garnish on the patient's plate is silly and it certainly will not make him/H look forward to the next week.

_____ 8. Alwasy have the patient eat as quickly as possible.

_____ 9. Encourage the patient to feed himself/herself--promote a sense of accomplishment and independence.

_____ 10. The efforts of the home health aide can make mealtime a success or a failure.

LESSON PLAN: 2

COURSE TITLE: HOME HEALTH AIDE

UNIT IV: NUTRITION

LESSON TITLE: ROLE OF THE HOME HEALTH AIDE

Answers to Evaluation Items:

1. T
2. F
3. T
4. F
5. T
6. T
7. F
8. F
9. T
10. T

LESSON PLAN: 3

COURSE TITLE: HOME HEALTH AIDE

UNIT IV: NUTRITION

SCOPE OF UNIT: Proper nourishment, vital to good health, is of the utmost importance in illness. The home health aide may be called upon to assist the patient and his/her family in nutritional matters and must, therefore, be cognizant of factors in food buying, preparation and storage as well as the nutritional needs and appetite of the patient.

LESSON TITLE: FOOD BUYING

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Recall important points in the use of the food buying dollar.
2. State three items that need to be considered when purchasing meat.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Handout #1: Meat Buying Guide

Informational Assignment: **(Student)**

References: **(Instructor's Additional Information)**

Rapier, Dorothy Kelley, et al. Practical Nursing, 4th ed. St. Louis: C.V. Mosby Co., 1970.

Rosdahl, Caroline B. and Thompson, Ella M. Textbook of Basic Nursing. Philadelphia: J.B. Lippincott Co., 1973.

INTRODUCTION: A home health aide may often be asked to help a patient or his/her family learn how to shop and use money wisely and effectively. The plan of care developed by the care team and the family will guide the home health aide in these activities. The aide may even be required to do the actual shopping for the patient and his/her family; this is especially true for the elderly or the disabled patient. The home health aide should make careful selection of purchases and keep and exact account of all money spent.

LESSON PLAN: 3

COURSE TITLE: HOME HEALTH AIDE

UNIT IV: NUTRITION

LESSON TITLE: FOOD BUYING

OUTLINE: (Key Points)

I. Key Points in Use of Food Buying Dollar

   A. Plan the purchases and make a shopping list. Stick to it-- avoid impulse buying.

   B. Know the extent of the patient's financial resources and stay within them.

   C. Compare different brands of the same food item. A no-frills or store brand may be cheaper.

   D. Use unit pricing. Some stores mark the cost per unit at the front of the shelf. A pocket calculator is very helpful in figuring cost-per-unit in stores where this is not available.

   E. Consider cost per serving. It is figured in the same way as cost per unit.

      1. $\frac{\text{Cost of Item}}{\text{\# of servings}} = \text{Cost per Serving}$

   F. Bear in mind how the food will be used. Unsorted or odd-sized slices and chunks are great in casseroles, etc. Often, a lower-grade item can be used in cooking.

   G. Read the label to be sure the container holds the right amount of the right product.

   H. Compare the cost of canned, fresh, and frozen food to see which is the best value.

   I. Nutritionally, canned or frozen vegetables and fruits may be a better buy during the winter months, as vitamin content is lost during prolonged storage and shipment.

   J. Buy fruits and vegetables in season, when cost and selection are better.

   K. Buy in quantities as large as practical; larger packages are usually cheaper (check cost per unit).

L. Shop the store's special sales. However, do not be tempted to buy something out of the budgeted price range, an item the family does not like, or a quantity that is more than can be safely stored and used in a reasonable time. If the "wonderful bargain" wrecks the budget or gets wasted, it ceases to be much of a bargain.

M. It is usually cheaper to buy staples and other plain items rather than mixes or prepared foods. If there is a need for time saving, inadequate food storage, or no use for leftovers, then the labor-saving foods may be worth the extra cost.

N. Check expiration dates, especially on dairy products. If the item probably will not be used before the expiration date, check for a fresher product or consider buying a smaller size.

II. Buying Meats (See Handout #1)

A. Careful thought and consideration is required when buying meat. You must take into account the amount of waste, the cut and the quality of the meat, and the use of the intended purchase. Bone, fat, and gristle may make a selection such as ribs seem like a good buy, but such a selection will offer only about half as many servings per pound as hamburger.

B. Chicken and turkey are usually a very good value, especially if purchased whole; special selections or pre-cut chickens are usually higher in price.

C. Good nutritional value and taste can be supplied by skillfully prepared cheaper cuts of meat (neck, flank, liver, etc.)

D. Consider cost and nutritional value of meat alternatives, such as cheese, dried legumes, eggs, etc.

E. Always check expiration dates and freshness of meat products.

III. Summary and Conclusion

A. Discuss Interaction Items.

B. Review Key Points.

LESSON PLAN: 3

COURSE TITLE: HOME HEALTH AIDE

UNIT IV: NUTRITION

LESSON TITLE: FOOD BUYING

INTERACTION ITEMS:

1. Are "generic" or store brands alwasy cheaper than nationally known brands? ✓

2. Is the "giant economy size" always a better buy? How can you tell?

3. When might canned or frozen fruits and vegetables be a better buy nutritionally?

4. Should you alwasy purchase the largest size available? Why?

CLASSROOM, LABORATORY, SHOP OR OTHER ACTIVITIES:

1. Have the students survey the local grocery stores for canned, frozen and dried foods for the following content: sodium, sugar, potassium, food additions, carbohydrates.

2. Discuss Handout #1.

LESSON PLAN: 3

COURSE TITLE: HOME HEALTH AIDE

UNIT IV: NUTRITION

LESSON TITLE: FOOD BUYING

Evaluation Items:

True/False

In the space provided, place a "T" if the statement is true or an "F" if the statement is false.

_____ 1. Making a shopping list is nice, but it is not important to stick to it.

_____ 2. The store brand is nearly always more expensive.

_____ 3. Larger packages are always more economical.

_____ 4. $\frac{\text{Cost of Items}}{\text{\# of Servings}} = \text{Cost per serving}$

_____ 5. Always check expiration dates of meat and dairy products.

_____ 6. Nutritionally, fresh fruit and vegetables are always better than canned or frozen ones.

_____ 7. Buy fruits and vegetables in season, when cost and selection are better.

_____ 8. All meats provide approximately the same number of servings per pound.

_____ 9. Ribs are selling for \$.79 per pound; hamburger is selling at \$.99 per pound. The ribs are a much more economical purchase.

_____ 10. Meat alternatives, such as cheese, dried legumes, eggs, etc. may offer good nutritional value and cost savings.

LESSON PLAN: 3

COURSE TITLE: HOME HEALTH AIDE

UNIT IV: NUTRITION

LESSON TITLE: FOOD BUYING

Answers to Evaluation Items:

1. F
2. F
3. F
4. T
5. T
6. F
7. T
8. F
9. F
10. T

Handout 1

Meat Buying Guide

Price Per Pound	Cost Per Serving, Lean and Boneless Meats (6 Servings/lb.)	Cost Per Serving, Meat and Some Fat and/or Bone (3 Servings/lb.)	Cost Per Serving, Meat with Heavy Amounts of Fat and/or Bone (2 Servings/lb.)
.79	.13	.26	.40
.89	.15	.30	.45
.99	.17	.33	.50
1.09	.18	.36	.55
1.19	.20	.40	.60
1.29	.22	.43	.65
1.39	.23	.46	.70
1.49	.25	.50	.75
1.59	.27	.53	.80
1.69	.28	.56	.85
1.79	.30	.60	.90
1.89	.32	.63	.95
1.99	.33	.66	1.00
2.09	.35	.70	1.05
2.19	.37	.73	1.10
2.29	.38	.76	1.15
2.39	.40	.80	1.20
2.49	.42	.83	1.25
2.59	.43	.86	1.30
2.69	.45	.90	1.35
2.79	.47	.93	1.40
2.89	.48	.96	1.45
2.99	.50	1.00	1.50
3.09	.52	1.03	1.55
3.19	.53	1.06	1.60

Figures Reflect Serving Size of Approximately 2.5 oz. Each.

LESSON PLAN: 4

COURSE TITLE: HOME HEALTH AIDE

UNIT IV: NUTRITION

SCOPE OF UNIT: Proper nourishment, vital to good health, is of the utmost importance in illness. The home health aide may be called upon to assist the patient and his/her family in nutritional matters and must, therefore, be cognizant of factors in food buying, preparation and storage as well as the nutritional needs and appetite of the patient.

LESSON TITLE: FOOD PREPARATION

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. List three major considerations to be made when preparing a patient's meal.
2. Relate ways to economize by using "leftovers."
3. Relate creative use of available cooking resources.
4. Relate fuel-saving ways to economize.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Rosdahl, Caroline B. and Thompson, Ella M. Textbook of Basic Nursing. Philadelphia: J.B. Lippincott Co., 1973.

INTRODUCTION: In addition to basic food preparation skills, the home health aide must be familiar with the special needs and preferences of the patient, his background, individual tastes, religious preferences, and modified diets or special formulas...all must be considered. The resourcefulness of the home health aide is further tested as unfamiliar or inadequate utensils and appliances are used in as economical a manner as possible.

LESSON PLAN: 4

COURSE TITLE: HOME HEALTH AIDE

UNIT IV: NUTRITION

LESSON TITLE: FOOD PREPARATION

OUTLINE: (Key Points)

I. Considerations in Preparing a Patient's Meal

  A. Diet restrictions

    1. Is patient on a medically prescribed diet?

    2. Does patient have dietary restrictions due to religious reasons? (May be all the time or temporary due to specific day or season)

  B. Consider patient's personal preferences. He/she may have a favorite recipe or seasoning; or he/she may not like a "traditional" seasoning or method of cooking. ✓

  C. Consider available preparation resources. For example, baked apples are obviously not a meal option if only a hot plate is available for cooking.

II. Meal Planning and Preparation

  A. "Leftovers" is not a bad word; add some planning and creativity and leftovers can stretch the food dollar even further.

    1. The home health aide can prepare extra quantities of a food item so that the patient can have a good meal on days that he/she has no extra help at home.

    2. Leftovers can be combined with other leftovers or ingredients to make casseroles, soups, stews, omelets, fruit salad, and muffins--almost anything imaginable.

    3. Leftover broth or juice can be used in gravies, soups, or stews.

  B. Use available cooking resources creatively.

    1. Toaster ovens can be used for baking.

    2. The top and bottom of a double-boiler can be used concurrently (example - peas in the bottom and pudding in the top portion).

3. Stews, casseroles and other one-dish meals fit well with the limitations of a hotplate.

4. Soup can be heated or hot dogs cooked in some styles of corn poppers.

C. Conserve time and fuel whenever possible. For example, bake two or three items together in the oven.

D. If space and resources are available, it saves time to prepare an extra casserole, meatloaf, etc. and store it properly in the freezer for later use.

E. Be sure to cook meats thoroughly--especially pork.

F. Use packaged foods before the expiration date.

G. Never use bulging or rusty cans.

H. Cleanliness is essential. Clean hands, clean countertops, tables, and utensils are essential to avoid food contamination.

I. When preparing food for the patient, measure ingredients carefully. Accuracy is especially important in the preparation of special formulas and modified diets.

III. Summary and Conclusion~~s~~

A. Discuss Interaction Items.

B. Review Key Points.

LESSON PLAN: 4

COURSE TITLE: HOME HEALTH AIDE

UNIT IV: NUTRITION

LESSON TITLE: FOOD PREPARATION

INTERACTION ITEMS:

1. How might a patient's dietary needs affect food preparation?
2. What are some ways in which a patient's ethnic or religious background might affect food preparation?
3. What are some additional ways in which the home health aide can save fuel (and therefore money) when preparing food for the patient?

CLASSROOM, LABORATORY, SHOP OR OTHER ACTIVITIES:

1. Have the students list as many unconventional uses of cooking appliances and utensils as they can think of. (For example; a drinking glass turned on its side can be used as a rolling pin.)
2. Measurements of foods using household measures.

LESSON PLAN: 4

COURSE TITLE: HOME HEALTH AIDE

UNIT IV: NUTRITION

LESSON TITLE: FOOD PREPARATION

Evaluation Items:

1. List three major considerations to be made when preparing a patient's meal.

   1.

   2.

   3.

True/False

In the space provided, place a "T" if the statement is true or an "F" if the statement is false.

_____ 2. Leftovers can help stretch the food dollar.

_____ 3. Leftovers can be combined with other leftovers or with fresh ingredients to make soups, stews, casseroles, etc.

_____ 4. The top and bottom of a double boiler may be used concurrently when cooking space is a premium.

_____ 5. Appliances should only be used for their original purpose.

_____ 6. Never use bulging or rusty cans.

_____ 7. Cook all meats only until rare--especially pork.

_____ 8. More than one item cannot be baked simultaneously in the oven.

_____ 9. Stews, soups and casseroles can all be cooked using only a hotplate.

_____ 10. Measurement accuracy is important in the preparation of special formulas and modified diets.

LESSON PLAN: 4

COURSE TITLE: HOME HEALTH AIDE

UNIT IV: NUTRITION

LESSON TITLE: FOOD PREPARATION

Answers to Evaluation Items:

1. Diet restrictions, patient's personal preferences, available preparation resources
2. T
3. T
4. T
5. F
6. T
7. F
8. F
9. T
10. T

LESSON PLAN: 5

COURSE TITLE: HOME HEALTH AIDE

UNIT IV: NUTRITION

SCOPE OF UNIT: Proper nourishment, vital to good health, is of the utmost importance in illness. The home health aide may be called upon to assist the patient and his/her family in nutritional matters and must, therefore, be cognizant of factors in food buying, preparation and storage as well as the nutritional needs and appetite of the patient.

LESSON TITLE: FOOD STORAGE

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. List three important considerations of food storage practices. ✓
2. Name two types of storage.
3. Name ~~seven~~ five important points of cold storage.
4. Name ~~three~~ two important points of dry storage.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Rosdahl, Caroline B. and Thompson, Ella M. Textbook of Basic Nursing. Philadelphia: J.B. Lippincott Co., 1973.

INTRODUCTION: Good food storage practices help prolong the shelf life of foods and help protect against contamination and infection by spoiled food. While many forms of spoilage are detectable, some are not; proper and prompt storage practices and cleanliness are essential to combat these problems.

LESSON PLAN: 5

COURSE TITLE: HOME HEALTH AIDE

UNIT IV: NUTRITION

LESSON TITLE: FOOD STORAGE

OUTLINE: (Key Points)

I. Food Storage

A. Food should always be stored in clean, covered containers.

B. Do not use galvanized metal containers for cooking or storing foods. Food acids can dissolve the zinc, rendering the food unsafe.

C. Food served to an individual, but uneaten, should be discarded.

D. Check expiration date on perishables and packaged foods.

E. Foods which show signs of spoilage should be discarded. Discoloration, unusual odor or taste, and cans with bulging ends are all signs of spoiled food.

II. Cold Storage

A. Cold storage slows the action of natural food enzymes and inhibits the action of molds and bacteria.

B. Gravies, cream pies, puddings, mayonnaise, and other creamy mixtures should be refrigerated until served; return to refrigerator immediately.

C. Left-over food should not be allowed to stand at room temperature. Cover and refrigerate as soon as possible; use within 48 hours.

D. Always keep uncooked meat, fish and poultry in the coldest part of the refrigerator.

E. Refrigerated or frozen foods should be properly covered or wrapped.

F. Maintain refrigerator temperature range of 34° to 40° Fahrenheit.

G. Maintain freezer temperature of 0° Fahrenheit.

H. Clean and defrost refrigerator and freezer periodically. Dirt and frost buildups inhibit proper functioning of these appliances.

III. Dry Storage

A. Periodically check dry storage areas for signs of rodent or insect infestation.

B. Store food items in a cool, dry area.

C. Flour, pasta, sugar and other dry food items should be stored in covered air-tight containers.

D. Avoid storing food near heat sources, such as near the refrigerator's exhaust, over the range, on a sunny windowsill, etc.

IV. Summary and Conclusion

A. Discuss Interaction Items.

B. Review Key Points.

LESSON PLAN: 5

COURSE TITLE: HOME HEALTH AIDE

UNIT IV: NUTRITION

LESSON TITLE: FOOD STORAGE

INTERACTION ITEMS:

1. How should pasta, flour, or other dry food items be stored?
2. Why shouldn't foods be stored over the range or near refrigerator exhaust?
3. What are some signs of food spoilage?
4. Is it acceptable to put leftovers from an individual's plate in with leftovers in the pot?

CLASSROOM, LABORATORY, SHOP OR OTHER ACTIVITIES:

1. Discuss foods with difficult storage problems.

LESSON PLAN: 5

COURSE TITLE: HOME HEALTH AIDE

UNIT IV: NUTRITION

LESSON TITLE: FOOD STORAGE

Evaluation Items:

1. List three important considerations of food storage practices.

   1.

   2.

   3.

2. Name two types of storage.

   1.

   2.

3. Name five important points of cold storage.

   1.

   2.

   3.

   4.

   5.

4. Name two important points of dry storage.

   1.

   2.

LESSON PLAN: 5

COURSE TITLE: HOME HEALTH AIDE

UNIT IV: NUTRITION

LESSON TITLE: FOOD STORAGE

Answers to Evaluation Items:

1. Store in clean, covered container.
   Do not use galvanized metal containers for cooking or storing.
   Served, but uneaten, food should be discarded.
   Check expiration dates.
   Discard foods which show signs of spoilage.

2. Cold
   Dry

3. Slows action of enzymes; inhibits growth of molds and bacteria.
   Keep creamy mixtures refrigerated.
   Cover and refrigerate leftovers as soon as possible.
   Keep uncooked meat in coldest part of refrigerator.
   Propery cover or wrap refrigerated or frozen foods.
   Maintain refrigerator temperature range of 34° to 40° F.
   Maintain freezer temperature of 0° F.
   Clean and defrost refrigerator and freezer periodically.

4. Periodically check for signs of rodent or insect infestation.
   Store food in cool, dry area.
   Dry food items should be stored in covered air-tight containers.
   Avoid storing food near heat sources.

LESSON PLAN: 6

COURSE TITLE: HOME HEALTH AIDE

UNIT IV: NUTRITION

SCOPE OF UNIT: Proper nourishment, vital to good health, is of the utmost importance in illness. The home health aide may be called upon to assist the patient and his/her family in nutritional matters and must, therefore, be cognizant of factors in food buying, preparation and storage as well as the nutritional needs and appetite of the patient.

LESSON TITLE: MOTIVATION

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Discuss possible reasons for lack of patient appetite motivation.

2. Discuss ways to combat lack of motivation.

Lower on Page

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

INFORMATIONAL ASSIGNMENTS: (Students)

REFERENCES: (Instructor's Additional Information)

Rosdahl, Caroline B. and Thompson, Ella M. Textbook of Basic Nursing. Philadelphia: J.B. Lippincott Co., 1973.

INTRODUCTION: The older or ill person may not eat properly for many reasons. The home health aide can help evaluate possible causes for this lack of apetite. Maintaining energy and health depends on maintaining adequate nutrition.

LESSON PLAN: 6

COURSE TITLE: HOME HEALTH AIDE

UNIT IV: NUTRITION

LESSON TITLE: MOTIVATION

OUTLINE: (Key Points)

I. Reasons for Lack of Motivation

    A. Chewing problems - various causes such as lack of properly fitted dentures

    B. Pain and discomfort

    C. Nausea

    D. Fatigue

    E. Diminished or altered sense of taste or smell

    F. Loneliness

    G. Psychological - depression, boredom, restlessness or worry

    H. Patient unable to feed themselves without spilling food or drink may become very embarrassed.

    I. Blind patient - food does not smell appetizing

    J. Patient being served foods he/she does not like

    K. Patient may not want to try new foods or new method of preparation.

    L. Patient's religious beliefs may preclude ingestion of a particular food.

II. Motivating the Patient's Appetite

    A. For patients with chewing problems, try serving foods which are more tender and more easily chewed. Instead of a hard or crusty meat, try using ground meat or other protein sources such as eggs, cheese, legumes, fish, or chicken.

    B. Help patient avoid pain and discomfort. Reposition him; serve food during time of maximum relief from pain medications.

    C. If patient is prone to nausea, try serving cold dishes, as they exude less odor. Eating more slowly may help.

D. Patient may be too tired to feel like eating; a rest period before meals can be very helpful.

E. Illness sometimes causes a diminished or altered sense of taste or smell. Try to keep smells pleasant; it is especially important at this time to make food look as appetizing and tempting as possible.

F. An ill person often experiences a dry mouth or a bad taste in the mouth; offer extra oral care.

G. Most people dislike eating alone. Encourage family to stay with patient at mealtime; pleasant converstion and/or soothing music help make mealtime more pleasant.

H. If patient is unable to feed him- or her-self without spilling food or drink, it may cause embarrassment. Never ridicule patient or act upset in any way, as this will only increase the patient's embarrassment.

I. If a patient is blind or cannot see well, motivation may be lacking because the smell of the food is not appetizing or stimulating. An addition of spices or a pleasing, particularly aromatic food may be tried to stimulate the olfctory senses.

J. Patient may not be inclined to eat due to depression, worry, restlessness, or boredom. Perhaps it is just a "bad day;" longer-term problems should be reported to your supervisor.

K. Is patient being served foods he/she does not like? Ascertain his or her preferences.

L. Is patient being served foods his/her religion forbids? A food may alwasy be avoided or it may temporarily be forbidden due to a particular church observance.

III. Summary and Conclusion

A. Discuss Interaction Items.

B. Review Key Points,

LESSON PLAN: 6

COURSE TITLE: HOME HEALTH AIDE

UNIT IV: NUTRITION

LESSON TITLE: MOTIVATION

INTERACTION ITEMS:

1. Why would ill-fitting dentures discourage eating?
2. How can you help motivate a nausea-prone patient?
3. Could psychological reasons deter appetite?

CLASSROOM, LABORATORY, SHOP OR OTHER ACTIVITIES

1. Role play home health aide and patient needing appetite motivation due to a) psychological reasons, b) altered sense of taste or smell, and c) embarrassment.

LESSON PLAN: 6

COURSE TITLE: HOME HEALTH AIDE

UNIT IV: NUTRITION

LESSON TITLE: MOTIVATION

Evaluation Items:

1. List six reasons for lack of motivation.

   1.

   2.

   3.

   4.

   5.

   6.

True/False

In the space provided, place a "T" of the statement is true or an "F" if the statement is false.

______ 2. For patients with chewing problems, try serving foods which are more tender and more easily chewed.

______ 3. Most people like to eat alone.

______ 4. Illness sometimes causes an altered sense of smell; all foods will smell tantalizing.

______ 5. Extra oral care at mealtime may be welcomed by an ill person.

______ 6. If patient is prone to nausea, try serving cold dishes, as they exude less odor.

LESSON PLAN: 6

COURSE TITLE: HOME HEALTH AIDE

UNIT IV: NUTRITION

LESSON TITLE: MOTIVATION

Answers to Evaluation Items:

1. See Outline I-A.
2. T
3. F
4. F
5. T
6. T

LESSON PLAN: 1

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: This unit presents the skills required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help to clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: PERSONAL CARE

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Recall three purposes of giving baths.
2. Name three types of baths.
3. List three purposes of skin care.
4. List four type of skin care. ✓
5. Identify three purposes of oral hygiene.
6. Identify three forms of oral hygiene implementation.
7. Relate three purposes of hair care.
8. List four reasons for hand, foot, and nail care.
9. List three purposes of care of eyes, ears, and nose.
10. Tell three purposes of shaving.
11. Recount three methods of shaving.
12. Relate selection and care of clothing.

SUPPLEMENTARY TEACHING/LEARNING ITEMS: Lower on Pag

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Cooley, Donald G., Ed. *Family Medical Guide*.
New York: Meredith Press, 1966.

Hawler, Doris. *The* Practical/Vocational Nurse and
Today's Family. New York: The MacMillan Company,
1972.

Kiper, Dorothy Kelly, et al *Practical* Nursing. 4th Edition
St. Louis: C.V. Mosby Company, 197

INTRODUCTION:

Cleanliness and good grooming are perhaps even more important when we~~'re~~ are sick than when ~~we're~~ we are well. Cleanliness helps reduce the risk of infection at a time when the body's defense system is weakened by illness. Being clean and well-groomed gives anyone's spirits a lift. This lesson is designed as an introduction to patient grooming and personal care by the home health aide; the actual procedures will be in the lessons to follow.

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LESSON PLAN: 1

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: PERSONAL CARE

OUTLINE: (Key Points)

I. Baths

  A. Purpose

    1. To help the elimination of wastes from the skin

    2. To stimulate the circulation

    3. To cleanse and refresh the patient

    4. Assessment of the physical condition of the patient, i.e. reddened areas, breaks in the skin, etc.

  B. Frequency of a complete bath

    1. Dependent on the patient's condition, age, type of skin, environmental conditions (such as very hot weather)

    2. The older person may have less oil, less perspiration, and dry skin. Therefore, washing the face, the rectal and genital areas, and under the arms daily may be all that is needed.

  C. Types of baths

    1. Bed bath

    2. Tub bath

    3. Shower bath

II. Skin Care and Prevention of Pressure Sores

  A. Purpose

    1. Observation of body surface

    2. Cleanliness

    3. Prevention of infection

    4. Stimulation of blood circulation in skin areas

B. Types of skin care
    1. Backrubs
    2. Perineal care
    3. Application of lotions, especially to the extremities
    4. Decubitus prevention and/or care
    5. Incontinent care

C. Frequency
    1. After every bath
    2. After voiding or bowel movements
    3. At all times

III. Oral Hygiene

A. Purpose
    1. To provide clean teeth and mouth for patient's sense of well being
    2. To prevent gum disease
    3. To help control halitosis
    4. Observation of mouth and throat for reddened areas, growths, sores, etc.

B. Types
    1. Self care by patient
    2. Partial care
    3. Complete care for the helpless or unconscious patient

C. Methods of oral care
    1. Brushing
    2. Flossing
    3. Denture care

IV. Hair Care

A. Purpose
    1. Morale booster

2. Cleanliness, prevention of disease and infection

3. Stimulation of scalp

4. Observation of scalp and hair

5. Patient exercises

B. Types

1. Combing and brushing

2. Braiding

3. Shampoo

C. Frequency

1. Shampoo as needed - according to hair type and activity.

2. Comb and brush a minimum of once daily.

3. Braid as needed or wanted.

V. Hand, foot, and nail care

A. Purpose

1. Promote feeling of well-being in patient

2. Cleanliness and well-groomed appearance

3. Prevention of infection

4. Stimulation of circulation in extremities

5. Observation of extremities

B. Cautionary note

1. The home health aide should never cut or trim the patient's nails, especially if patient is a diabetic or has circulatory problems, except under instruction of Nursing Supervisor according to Agency policy.

VI. Care of the eyes, ears, and nose

A. Purpose

1. Cleanliness and well being of patient

2. Prevention of infection

3. Patient comfort

B. Eyes

1. Prevent eyestrain; position and shade lamps to avoid glare, use adequate lighting, use sunglasses in bright sunshine.
2. Protect eyes from flying particles and loose debris.
3. Keep outer lids and eye area clean.
4. Do not rub the eyes.
5. Keep hands away from eye area.

C. Ears

1. Never insert small objects into the external auditory canal; infection or damage to the eardrum may result. Let a nurse or physician do any procedures that require entry into the auditory canal.
2. Keep exterior of ear clean.
3. Vigorous blowing of nose can cause damage to the ear. Blow through both nostrils at same time to equalize pressure.

D. Nose

1. Avoid inserting foreign objects into the nostrils.
2. If nostri~~a~~l is red and dry, lubricate with petroleum or cold cream on cottom swab.
3. Report abnormal conditions, such as blisters, excessive dryness, redness, or purulent discharge.

VII. Shaving

A. Purpose

1. To promote feeling of well-being in patient
2. Comfort and a well-groomed appearance
3. Form of light exercise for bedridden patient
4. Facial massage and stimulation of circulation

B. Methods

1. Electric razor - easiest for both the aide and the patient confined to bed or disabled.
2. Safety razor
3. Straight razor

VIII. Dressing and Undressing the Patient

A. Selecting appropriate clothing

1. Essential part of good grooming

2. If possible, allow patient to choose clothing; this helps him feel he still has some degree of control over his own life.

3. Type of garment chosen should reflect level of care needed; a bedridden patient would not be dressed in street clothes; an ambulatory patient should be encouraged to "graduate" from robe and slippers.

4. Clothing should be clean and dry.

5. Clothing should~~n't~~ not be overly loose or long, but should not bind or restrict movement.

6. Clothing should be appropriate to season of year.

B. Care of clothing

1. The home health aide can help to keep garments in wearable condition; he/she should help patient, family, or caretaker to do simple clothing care chores.

2. Garments should be cleaned appropriately. Read labels. Some items will need to be laundered or sent to the dry cleaners. Pay special attention to stains.

3. Check clothing for missing buttons and snaps, tears, loose tabs, broken zippers and other details; mend as necessary or point out to family member who performs mending chores.

4. Be sure to fold garments carefully or hang neatly. Let clothing, including shoes and boots, air before storing. Never put dirty garments back into closet or chest. Good storage habits extend the life of a garment and make it neater and more comfortable to wear.

IX. Summary and Conclusion

A. Discuss Interaction Items.

B. Review Key Points.

please count #3
[illegible] #5,6 [illegible]
[illegible]

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LESSON PLAN: 1

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: PERSONAL CARE

INTERACTION ITEMS:

1. Name three purposes of giving baths.
2. How often should the patient be given a bath?
3. Why is good skin care important?
4. What are three purposes of oral hygiene?
5. How often should hair care be given?
6. What are ways to avoid eyestrain?
7. How should the nose be blown? Why?
8. What are the types of razors used for shaving?
9. Which razor is the easiest to use for the home health aide and the patient confined to bed or disabled?
10. What are some considerations when choosing clothing for the patient?
11. Should the patient be allowed to determine his/her daily wardrobe?
12. What can the home health aide do to help care for the patient's clothing?

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CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Discuss the importance of personal care from the patient's point of view.

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LESSON PLAN: 1

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: PERSONAL CARE

Evaluation Items:

True/False

In the space provided, place an "T" if the statement is true or an "F" if the statement is false.

_____ 1. The home health aide should always include nail trimming as part of hand, foot, and nail care.

_____ 2. Three purposes for care of patient's eyes, ears, and nose are patient comfort, prevention of infection, and cleanliness.

_____ 3. Any procedures requiring entry into the auditory canal should be carried out by a nurse or physician.

_____ 4. All patients should receive a complete bath daily.

_____ 5. When dressing a patient, whether clothing is clean or dry, is not important.

_____ 6. To help a patient feel he/she still exercises some control in his/her daily life, he/she should be encouraged to help choose his/her attire.

_____ 7. For optimal patient comfort, clothing should not bind or restrict his/her movement.

_____ 8. Soiled clothing should be returned to chest of drawers or closet until ready to be cleaned.

Multiple Choice

Select the item which completes the statement correctly. Place the letter of that item in the space provide.

_____ 9. Reasons for hand, foot, and nail care include:

- a. Cleanliness and well-groomed appearance.
- b. Observation of extremities.
- c. Prevention of infection.
- d. Exercise for the home health aide.
- e. All of the above except d.

_____ 10. Identify three forms of oral hygiene implementation.

a. Self-care by patient
b. Partial care
c. Complete care for helpless or unconscious patient
d. Semi-partial care
e. a, b, c
f. b, c, d
g. a, c, d

Fill-in-the-Blank

11. If patient's nostrils are dry, they may be lubricated with __________.

Listing

12. List three methods of shaving.

1.

2.

3.

13. List three purposes of shaving.

1.

2.

3.

14. Name three types of baths.

1.

2.

3.

15. Name three purposes for giving baths.

1.

2.

3.

16. Name three purposes of skin care.

1.

2.

3.

17. List four types of skin care.

1.

2.

3.

4.

18. List three purposes of oral hygiene.

1.

2.

3.

19. Name three methods of oral care.

1.

2.

3.

20. List three purposes of hair care.

1.

2.

3.

LESSON PLAN: 1

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: PERSONAL CARE

Answers to Evaluation Items:

1. F

2. T

3. T

4. F

5. F

6. T

7. T

8. F

9. E

10. E

11. Petroleum or cold cream

12. Electric razor
    Safety razor
    Straight razor

13. Promote feeling of well-being
    Comfort and well-groomed appearance
    Form of light exercise
    Facial massage and stimulation of circulation

14. Bed
    Tub
    Shower

15. To help elimination of wastes from skins
    To stimulate circulation
    To cleanse and refresh patient
    Assessment of physical condition of patient

16. Observation of body surface
Cleanliness
Prevention of infection
Stimulation of blood circulation

17. Backrubs
Application of lotions
Incontinent care
Perineal care
Decubitus prevention and/or care

18. To provide clean teeth and mouth for patient's sense of well-being ✓
To clean the lips and lower face
To prevent gum disease and cavities
Observation of mouth and throat

19. Brushing
Flossing
Dental care

20. Morale booster
Cleanliness
Exercise form
Observation of hair and scalp
Scalp stimulation

LESSON PLAN: 2

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: This unit presents the skills required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help to clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: GIVE/ASSIST WITH ORAL HYGIENE

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Administer/assist with oral hygiene according to steps of procedure.

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SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Cup or glass of cool water
2. Basin or empty container
3. Soft bristled toothbrush
4. Toothpaste or dentifrice
5. Towels (2)
6. Mouthwash
7. Drinking straw (optional)
8. Swab
9. Moisturizer for lips and mouth (optional)
10. Dental floss

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Kapier, Dorothy Kelley, et al. *Practical Nursing*. 4th Ed.
St. Louis: CV Mosby Company, 1970.

INTRODUCTION: An important part of personal care includes oral hygiene. This procedure should be done at least after every meal. The patient should be encouraged to participate as much as possible. Sometimes, however, the aide must know how to do it for him. The technique that will be demonstrated cleans debris from between the teeth, promotes healthy gums, and controls halitosis.

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LESSON PLAN: 2

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: GIVE/ASSIST WITH ORAL HYGIENE

STEPS OF PROCEDURE:

A. Brushing the Patient's Teeth

1. Wash your hands.

2. Assemble equipment and bring it to the bedside, within easy reach of the patient so he/she can do as much of his/her own dental care as possible.

3. Explain the procedure to patient.

4. Help the patient to an upright position. If this is not possible, turn the patient on his/her side, as far toward his/her abdomen as possible to allow saliva and fluids to run out by gravity.

5. Place one towel under patient's head to protect pillow; one towel under his/her chin to protect sheets and clothing.

6. Place basin or empty container to one side of patient's head.

7. Wet toothbrush and place small amount of toothpaste on it.

8. Have patient brush teeth as follows. Place the toothbrush at an angle against the gum line with the bristles pointing toward the roots of the teeth. Press the brush against the teeth and "roll" the bristles down toward the crowns, or chewing surfaces, of the teeth. The lower teeth are cleaned the same way, moving the brush upward this time, from the roots to the crowns. This technique cleans debris from between the teeth. He/she should also scrub the chewing and inner surfaces of the teeth, as well as the surface of the tongue.

9. If the patient is unable to brush his/her teeth, do it for him/her using the procedure explained in Step 8.

10. Help patient as needed (holding basin, glass, etc.) to expectorate and rinse his mouth with water. He/she may also wish to use mouthwash at this time. (Some patients, especially after a stroke, may need a drinking straw.)

11. Help patient to wipe mouth. Remove towels and leave him/her clean, dry, and as comfortable as possible.

12. Clean and put away all equipment.

13. Wash hands.

B. Procedure for Flossing Teeth

1. Wash hands.
2. Explain procedure to patient
3. Break about 18 - 20 inches of dental floss and wrap most of it around the middle finger of one hand and the rest around the middle finger of the other hand with about one inch of floss between the two middle fingers.
4. Use the thumbs and forefingers to guide the floss; a floss holder may be helpful in reaching the back teeth.
5. Using a sawing motion, gently insert the floss between the teeth.
6. With the floss at the gum line, curve it around each tooth and scrape the tooth with the floss.
7. Repeat this process for each tooth.*
8. Encourage patient to do this procedure for himself/herself.
9. Return floss container to proper storage place.
10. Wash hands.

C. Oral Hygiene for the Unconscious Patient

1. Mucus often collects in the mouths of unconscious patients; therefore, they need special mouth care.
2. Equipment needed
    a. Tongue depressors
    b. Gauze flats
    c. Cotton applicators
3. Steps of procedure
    a. Wash hands.
    b. Turn patient on side.
    c. Spread towel under patient's chin.

---

*American Dental Association, Cleaning Your Teeth and Gums, 1977.

d. Make several swabs by wrapping end of tongue depressors with gauze, being sure each is tightly fastened.

e. Use a padded tongue depressor to hold the patient's mouth open and to rest against the tongue. Do not use your fingers.

f. Moisten gauze sponges with mouthwash solution and wipe teeth and tongue.

  1. Clean outer, then inner, surfaces of teeth by stroking from the gums toward the chewing surfaces.

  2. Discard or remoisten sponges as necessary.

g. Discard used applicators into a paper bag. If the mucus is thick and tenacious, the doctor may write an order to use a solution such as hydrogen peroxide diluted one-half with water.

h. Moisten cotton applicators with mouthwash solution to wipe gums and inside of mouth.

i. Rinse teeth and mouth with clean swabs moistened with water. Dry patient's face.

j. Do not allow the liquids to pool in the patient's mouth, causing him/her to aspirate some of it.

k. It is important that the mouth be cleaned thoroughly to help prevent pneumonia, sores, and other disorders.

l. Lubricate the lips, tongue, and inside of mouth with glycerin swabs.

m. Discard appropriate items; return remaining items to proper storage area.

n. Wash hands.

D. Cleaning Dentures

1. The denture wearer should be encouraged to wear them most of the time, they should be removed and cleaned at least once daily.

2. Equipment needed

  a. Cup or glass of water

  b. Mouthwash

  c. Denture cup

  d. Toothbrush

e. Efferdent, Polident, or other denture cleaner

f. Denture cream or adhesive (optional)

g. Basin of water

3. Steps of procedure

   a. Wash hands.

   b. Assemble equipment.

   c. Explain procedure to patient.

   d. If patient is unable to remove dentures, use a tissue to lift one end of the plate to break the suction. Remove dentures and place in denture cup.

   e. Remember that many patients are very sensitive about being seen without their dentures. Try to safeguard their privacy and dignity.

   f. Take dentures tc bathroom to clean them.

   g. Clean dentures over water-filled basin. A washcloth placed in the bottom of the basin is a good idea, too. These methods will help prevent breakage in case the dentures are accidentally dropped during cleaning.

   h. Brush dentures with denture brush or soft toothbrush and patient's preference of denture cleaner. Rinse thoroughly.

      1. Never use harsh cleaners on dentures, as they will be scratched.

      2. Us ONLY cool water. Icy cold or hot water could cause them to break.

   i. Place dentures in water-filled denture cup.

      1. If not to be returned immediately to patient's mouth, be sure dentures are completely covered with liquid to avoid warpage.

   j. Bring mouthwash and basin to the bedside so patient can rinse his mouth before reinserting his dentures.

   k. Apply denture cream or adhesive if patient desires.

   l. Replace, or have patient replace, dentures in mouth.

   m. Wash hands.

   n. Replace equipment in proper areas.

E. Summary and Conclusion

1. Discuss Interaction Items.
2. Review Steps of Procedure.

LESSON PLAN: 2

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: GIVE/ASSIST WITH ORAL HYGIENE

INTERACTION ITEMS:

1. Why is the "roll" method toothbrushing recommended?
2. What is the purpose of brushing the tongue?
3. What is the reason for washing your hands both before and after assisting with the patient's oral hygiene?
4. Why is oral hygiene important for the unconscious patient?
5. What temperature water should you use when cleaning and storing dentures? Why?

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CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Instructor demonstrates giving mouth care to alert patient; to helpless patient; to unconscious patient.
2. Instructor demonstrates use of dental floss.
3. Instructor demonstrates mouth care of patient with dentures.
4. Students demonstrate above procedures on each other and/or on models.

LESSON PLAN: 2

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: GIVE/ASSIST WITH ORAL HYGIENE

Evaluation Items:

Did the student remember to:	Yes	No
A. Before all procedures		
1. Wash hands.		
2. Assemble equipment.		
3. Explain the procedure to the patient.		
B. Assist patient with oral hygiene		
4. Help the patient to an upright position. If this is not possible, turn the patient on his/her abdomen as possible to allow saliva and fluids to run out by gravity.		
5. Place one towel under patient's head to protect pillow; one towel under his/her chin to protect sheets and clothing.		
6. Place basin or empty container to one side of patient's head.		
7. Wet toothbrush and place small amount of toothpaste on it.		
8. Have patient brush teeth and gums using small circular motions: also to brush tongue gently.		
9. Help patient as needed (holding basin, glass, etc.) to expectorate and rinse mouth with water.		
10. Help patient to use mouth wash if desired (hold basin, glass, etc.)		
11. Help patient wipe mouth with towel.		

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C. Flossing teeth

12. Break about 18-20 inches of dental floss and wrap most of it around the middle finger of one hand and the rest around the middle finger of the other hand with about one inch of floss between the two middle fingers. ______ ______

13. Use the thumbs and forefingers to guide the floss; a floss holder may be helpful in reaching the back teeth. ______ ______

14. Using a sawing motion, gently insert the floss between the teeth. ______ ______

15. With the floss at the gum line, curve it around each tooth and scrape the tooth with the floss. ______ ______

16. Repeat this process for each tooth. ______ ______

D. Unconscious patient

17. Turn patient on side. ______ ______

18. Spread towel under patient's chin. ______ ______

19. Make several swabs by wrapping end of tongue depressors with gause, being sure each is tightly fastened. ______ ______

20. Use a padded tongue depressor to hold the patient's mouth open and to rest against the tongue. Do not use your fingers. ______ ______

21. Moisten gause sponges with mouthwash solution and wipe teeth and tongue. ______ ______

    a. Clean outer, then inner, surfaces of teeth by stroking from the gums toward the chewing surfaces. ______ ______

    b. Discard or remoisten sponges as necessary. ______ ______

22. Discard used applicators into a paper bag. If the mucus is thick and tenacious, the doctor may write an order to use a solution such as hydrogen peroxide diluted one-half with water. ______ ______

23. Moisten cotton applicators with mouthwash solution to wipe gums and inside of mouth. ______ ______

24. Rinse teeth and mouth with clean swabs moistened with water. Dry patient's face. ______ ______

25. Lubricate the lips, tongue, and inside of mouth with glycerin swabs. ______ ______

E. Cleaning the Dentures

26. If patient is unable to remove dentures, use a tissue to lift one end of the plate to break the suction. Remove dentures and place in denture cup. ______ ______

27. Take dentures to bathroom to clean them. ______ ______

28. Clean dentures over water-filled basin. A washcloth placed in the bottom of the basin is a good idea, too. These methods will help prevent breakage in case the dentures are accidentally dropped during cleaning. ______ ______

29. Brush dentures with denture brush or soft toothbrush and patient's preference of denture cleaner. Rinse thoroughly. ______ ______

    a. Never use harsh cleaners on dentures, as they will be scratched. ______ ______

    b. Use ONLY cool water. Icy cold or hot water could cause them to break. ______ ______

30. Place dentures in water-filled denture cup. ______ ______

    a. If not to be returned immediately to patient's mouth, be sure dentures are completely covered with liquid to avoid warpage. ______ ______

31. Bring mouthwash and basin to the bedside so patient can rinse his/her mouth before reinserting his/her dentures. ______ ______

32. Apply denture cream or adhesive if patient desires. ______ ______

33. Replace, or have patient replace, dentures in mouth. ______ ______

F. Following all procedures

34. Remove towel. ______ ______

35. Clean and properly store all equipment. ______ ______

36. Wash hands. ______ ______

LESSON PLAN: 3

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: This unit presents the skills required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help to clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: GIVE/ASSIST WITH TUB OR SHOWER BATH

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Give a tub or shower bath according to the steps of procedure.

SUPPLEMLENTARY TEACHING/LEARNING ITEMS:

1. Bath towel
2. Washcloth
3. Soap
4. Bath thermometer
5. Chair
6. Bath mat
7. Non-slip bathtub mat
8. Clean clothing
9. Bath powder

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Rapier, Dorothy Kelley, et al. Practical Nursing, 4th ed. St. Louis: C.V. Mosby Co., 1970.

INTRODUCTION: A tub bath or shower is important for good grooming and good health. It is important, if the patient is able, to encourage a tub bath or shower to enhance partial independence enabling activities of daily living.

LESSON PLAN: 3

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: GIVE/ASSIST WITH TUB OR SHOWER BATH

STEPS OF PROCEDURE:

1. Wash hands.
2. Assemble equipment.
3. Be sure tub or shower is clean.
4. Assure that bathroom is warm and free of drafts.
5. Place non-slip mat in tub or bottom of shower.
6. Place bath mat next to tub or shower.
7. Set chair next to tub or shower. Be sure it is level and steady. A bath seat or tub chair, if available, may be useful.
8. If mechanical lifting device is to be used, adjust it into position.
9. Explain procedure to patient.
10. Assist patient to bathroom.
11. Encourage use of toilet before bath.
12. Help patient to bathroom.
13. Fill tub 1/3 to 1/2 with 105°F (40.5°C) water. Or turn shower and adjust to same temperature.
14. Assist patient to undress to prevent chilling, avoid unnecessary exposure.
15. Assist patient into tub or shower, being careful to protect patient against slipping.
16. Help patient wash if needed.
17. Let water out of tub or turn off shower. Drape patient with bath blanket and help out of tub or shower.
18. Seat patient in chair.
19. Assist as needed with drying and dressing.

20. Help patient back to bed or to comfortable chair.

21. Discard soiled linen. Clean tub. Return equipment to proper places.

22. Record time and length of bath or shower; any unusual observations should be noted and also be reported to your supervisor.

SUMMARY AND CONCLUSION:

1. Review Steps of Procedure.

2. Discuss Interaction Items.

LESSON PLAN: 3

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: GIVE/ASSIST WITH TUB OR SHOWER BATH

INTERACTION ITEMS:

1. What temperature should bath/shower be?
2. Why should the patient be encouraged to void before the tub or shower bath?
3. Why is a tub or shower bath better than a bed bath?
4. Why is the bathroom door never to be locked?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITY:

1. Instructor demonstrates tub and shower baths.
2. Students practice giving tub and shower baths.

LESSON PLAN: 3

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: GIVE/ASSIST WITH TUB OR SHOWER BATH

Evaluation Items:

Did the student:		Yes	No
1.	Wash hands.		
2.	Assemble equipment.		
3.	Be sure tub or shower is clean.		
4.	Assure that bathroom is warm and free of drafts.		
5.	Place non-slip mat in tub or bottom of shower.		
6.	Place bath mat next to tub or shower.		
7.	Set chair next to tub or shower. Be sure it is level and steady. A bath seat or tub chair, if available, may be useful.		
8.	If mechanical lifting device is to be used, adjust it into position.		
9.	Explain procedure to patient.		
10.	Assist patient to bathroom.		
11.	Encourage use of toilet before bath.		
12.	Help patient to bathroom.		
13.	Fill tub 1/3 to 1/2 with 105°F (40.5°C) water. Or turn shower and adjust to same temperature.		
14.	Assist patient to undress to prevent chilling, avoid unnecessary exposure.		
15.	Assist patient into tub or shower, being careful to protect patient against slipping.		
16.	Help patient wash if needed.		
17.	Let water out of tub or turn off shower. Drape patient with bath blanket and help out of tub or shower.		

18. Seat patient in chair. ______ ______

19. Assist as needed with drying and dressing. ______ ______

20. Help patient back to bed or to comfortable chair. ______ ______

21. Discard soiled linen. Clean tub. Return equipment to proper places. ______ ______

22. Record time and length of bath or shower; any unusual observations should be noted and also be reported to your supervisor. ______ ______

Comments:

LESSON PLAN: 4

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: This unit presents the skills required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help to clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: GIVE/ASSIST WITH BED BATH

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Give a complete bed bath according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Bath blanket
2. Towels
3. Washcloth
4. Soap and soap dish
5. Basin
6. Clean clothing
7. Body lotion or powder (optional)
8. Handout #1: Bath Mitt

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Cooley, Donald G., Ed. Family Medical Guide. New York: Meredith Press, 1966.

Rapier, Dorothy Kelley, et al. Practical Nursing, 4th ed. St. Louis: C.V. Mosby Co., 1970.

INTRODUCTION: A bath is an important part of personal grooming, cleaning and refreshing the patient in addition to other benefits. When a person is too ill to take a tub or shower bath, he must be given his bath in bed. You will be taught the general procedure; in practice, each bed bath will vary according to your patient and his condition.

LESSON PLAN: 4

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: GIVE/ASSIST WITH BED BATH

STEPS OF PROCEDURE:

1. If possible try to choose a bath time convenient for the family and the patient.
2. Wash hands.
3. Explain procedure to patient.
4. Provide privacy in a warm draft-free room.
5. Assemble equipment.
    a. Fill basin 2/3 full. Test water temperature on inner wrist to be sure it is not too hot or too cold, especially when patient is elderly or an infant.
6. Offer use of bedpan or urinal.
7. Place bath blanket over top bedding. Have patient hold bath blanket in place as top bedding is pulled underneath and folded at foot of bed. Adjust bath blanket as needed during bath.
8. Encourage patient to give his/her own bath as much as possible.
9. Place bath towel under patient's head.
10. Fold washcloth to make bath mitt.
    a. Wrap washcloth around fingers and palm; anchor with thumb. Fold excess beyond finger tips toward wrist and tuck under at palm edge. (See Handout #1) ✓
    b. Mitt eliminates dangling ends which might cause patient discomfort.
11. Wet mitten, squeeze excess water from it. Wash each eye from outer corner to inner part of each eye (same as natural tear flow), using opposite corners of the cloth for each eye.
12. Gently wash patient's face from center outward. Rinse and pat dry.
13. Wash and rinse ears; dry gently.
14. Wash and rinse neck; dry gently.

15. Place towel under one arm; set basin on towel placed near patient's hand.

16. Immerse patient's hand into basin; as it is soaking, wash arm and axilla, then hand.

17. Rinse axilla, arm and hand.

18. Remove basin. Carefully dry bathed areas, especially between the fingers.

    a. This is a good time to give nail care. See Lesson V - 1.e.

19. Repeat steps 15 - 18 on other arm.

20. Put towel over chest and abdomen; fold bath blanket to thighs.

21. Wash chest, breast, and abdomen, exposing patient as little as possible. Rinse and dry.

22. Pay extra attention to umbilicus and any creases in patient's skin.

23. Pull aside bath blanket to expose one leg; place towel under leg.

24. Set basin on towel placed near foot.

25. Put foot into basin to soak while leg is washed.

26. Wash and rinse leg, then foot. Dry both, paying special attention to area between toes. After soaking is a good time for nail and foot care.

27. Observe feet and legs carefully for redness, cracking or other unusual signs.

28. Repeat steps 24 - 28 on other leg.

29. Have patient turn on his/her side with back toward you. Assist if necessary.

30. Drape patient's back and buttocks with bath blanket.

31. Tuck towel under buttocks, back and shoulders.

32. Wash, rinse and dry back and buttocks. Check carefully for reddened areas, especially over bony areas.

33. Have patient turn on back.

34. Place towel under buttocks.

35. Provide soap, wash cloth and towel; instruct patient to carefully wash, rinse and dry genitalia and between buttocks. Remind female to wash from the front to the back to avoid introduction of germs from rectal area into vagina and bladder.

36. If patient is unable to wash own genital area, the aide should complete this portion of bath for him/her (use disposable gloves if there is an infection present).

37. Apply body lotion or powder if patient desires.

38. Dress patient. Encourage him/her to participate as much as possible.

39. Store equipment and laundry in proper areas.

40. Wash hands.

SUMMARY AND CONCLUSION:

1. Review Steps of Procedure.

2. Discuss Interaction Items.

LESSON PLAN: 4

COURSE TITLE: HOME HEALTH AIDE

UNIT V. PERSONAL CARE SKILLS

LESSON TITLE: GIVE/ASSIST WITH BED BATH

INTERACTION ITEMS:

1. How do you determine the proper temperature of the bath water?
2. Explain how a mitt is made using a washcloth.
3. Why are towels placed under the areas being washed?
4. Why are the hands and feet allowed to soak in the basin of water?
5. What is the implication of reddened areas of skin on the patient's body?

CLASSROOM, LABORATORY, SHOP OR OTHER ACTIVITY:

1. Demonstration by instructor of complete bed bath procedure.
2. Students practice complete bed bath procedure.

LESSON PLAN: 4

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: GIVE/ASSIST WITH BED BATH

Evaluation Items:

	Did the student:	Yes	No
1.	Wash hands.		
2.	Explain procedure to patient.		
3.	Provide privacy in a warm draft-free room.		
4.	Assemble equipment.		
	a. Fill basin 2/3 full. Test water temperature on inner wrist to be sure it is not too hot or too cold, especially when patient is elderly or an infant.		
5.	Offer use of bedpan or urinal.		
6.	Place bath blanket over top bedding. Have patient hold bath blanket in place as top bedding is pulled underneath and folded at foot of bed. Adjust bath blanket as needed during bath.		
7.	Encourage patient to give his/her own bath as much as possible.		
8.	Place bath towel under patient's head.		
9.	Fold washcloth to make bath mitt.		
	a. Wrap washcloth around fingers and palm; anchor with thumb. Fold excess beyond finger tips toward wrist and tuck under at palm edge.		
	b. Mitt eliminates dangling ends which might cause patient discomfort.		
10.	Wet mitten, squeeze excess water from it. Wash each eye from outer corner to inner part of each eye (same as natural tear flow), using opposite corners of the cloth for each eye.		

11. Gently wash patient's face from center outward. Rinse and pat dry.

12. Wash and rinse ears; dry gently.

13. Wash and rinse neck; dry gently.

14. Place towel under one arm; set basin on towel placed near patient's hand.

15. Immerse patient's hand into basin; as it is soaking, wash arm and axilla, then hand.

16. Rinse axilla, arm and hand.

17. Remove basin. Carefully dry bathed areas, especially between the fingers.

    a. This is a good time to give nail care.

18. Repeat steps 15 - 18 on other arm.

19. Put towel over chest and abdomen; fold bath blanket to thighs.

20. Wash chest, breast, and abdomen, exposing patient as little as possible. Rinse and dry.

21. Pay extra attention to umbilicus and any creases in patient's skin.

22. Pull aside bath blanket to expose one leg; place towel under leg.

23. Set basin on towel placed near foot.

24. Put foot into basin to soak while leg is washed.

25. Wash and rinse leg, then foot. Dry both, paying special attention to area between toes. After soaking is a good time for nail and foot care.

26. Observe feet and legs carefully for redness, cracking or other unusual signs.

27. Repeat steps 24 - 28 on other leg.

28. Have patient turn on his/her side with back toward you. Assist if necessary.

29. Drape patient's back and buttocks with bath blanket.

30. Tuck towel under buttocks, back and shoulders.

31. Wash, rinse and dry back and buttocks. Check carefully for reddened areas, especially over bony areas. ______ ______

32. Have patient turn on back. ______ ______

33. Place towel under buttocks. ______ ______

34. Provide soap, wash cloth and towel; instruct patient to carefully wash, rinse and dry genitalia and between buttocks. Remind female to wash from the front to the back to avoid introduction of germs from rectal area into vagina and bladder. ______ ______

35. If patient is unable to wash own genital area, the aide should complete this portion of bath for him/her (use disposable gloves if there is an infection present). ______ ______

36. Apply body lotion or powder if patient desires. ______ ______

37. Dress patient. Encourage him/her to participate as much as possible. ______ ______

38. Store equipment and laundry in proper areas. ______ ______

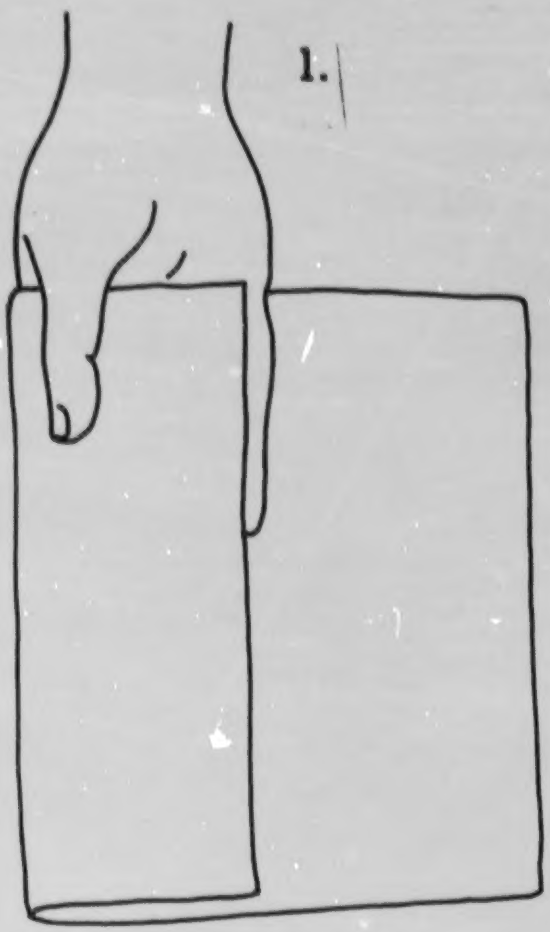
39. Wash hands. ______ ______

Comments:

Handout 1

Bath Mitt

1.



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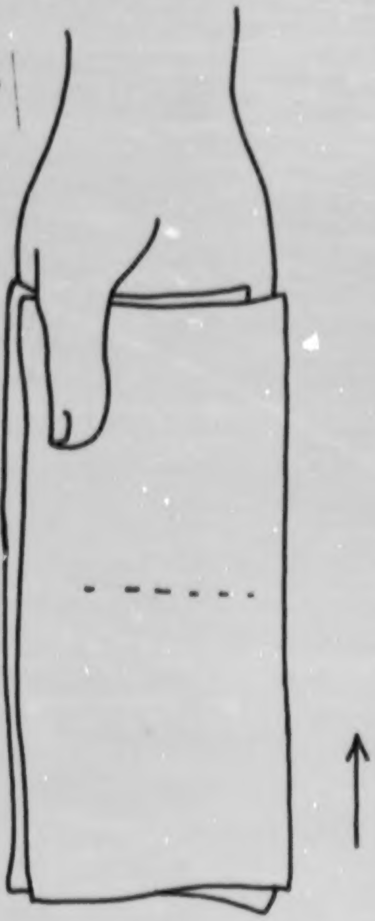

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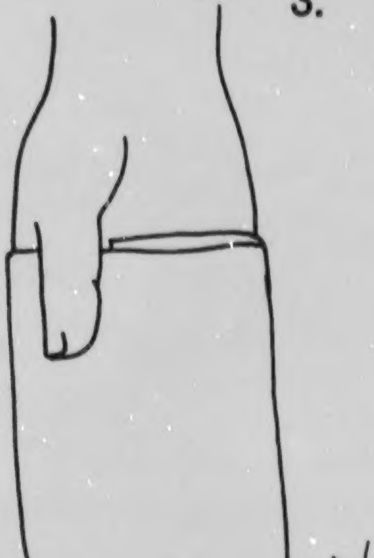


LESSON PLAN: 5

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: This unit presents the skills required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help to clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: GIVE BACK RUB

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Give back rub according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Handout #1: Back Rub Methods
2. Lotion
3. Tissues or towel (to remove excess lotion)

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Cooley, Donald G., Ed. Family Medical Guide. New York: Meredith Press, 1966.

Rapier, Dorothy Kelley, et al. Practical Nursing, 4th ed. St. Louis: C.V. Mosby Co., 1970.

INTRODUCTION: A good back rub relaxes the patient, makes him/her more comfortable, and increases circulation. Remember to be gentle with the easily damaged skin of the elderly.

LESSON PLAN: 5

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: GIVE BACK RUB

STEPS OF PROCFDURE:

1. Assemble equipment.
2. Explain to patient what will be done.
3. Provide adequate privacy in a warm, draft-free room.
4. Have patient turn on his hr side, or preferably, abdomen, assisting if necessary.
5. Face the head of the bed. The outer foot should be slightly forward and the knee slifhtly flexed. In this position it will be easy to use a rocking motion in applying pressure.
6. Put lotion in your hands to warm it.
7. Apply lotion to the patient's back, beginning at lumbosacral area. Apply up both sides of spinal column to neck, across shoulders, down to lumbosacral area. Use long, gentle, but firm strokes.
8. Pay special attention to bony prominences.
9. Assist as needed to replace clothing and return patient to comfortable position.
10. Return equipment to proper place.

SUMMARY AND CONCLUSION:

1. Review Steps of Procedure.
2. Discuss Interaction Items.

LESSON PLAN: 5

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: GIVE BACK RUB

INTERACTION ITEMS:

1. Why is special attention given to bony prominences?

2. How do you apply lotion to the entire back?

CLASSROOM, LABORATORY, SHOP OR OTHER ACTIVITY:

1. Instructor demonstrates back rub on volunteer or live size mannequin.

2. Students give each other a backrub.

LESSON PLAN: 5

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: GIVE BACK RUB

Evaluation Items:

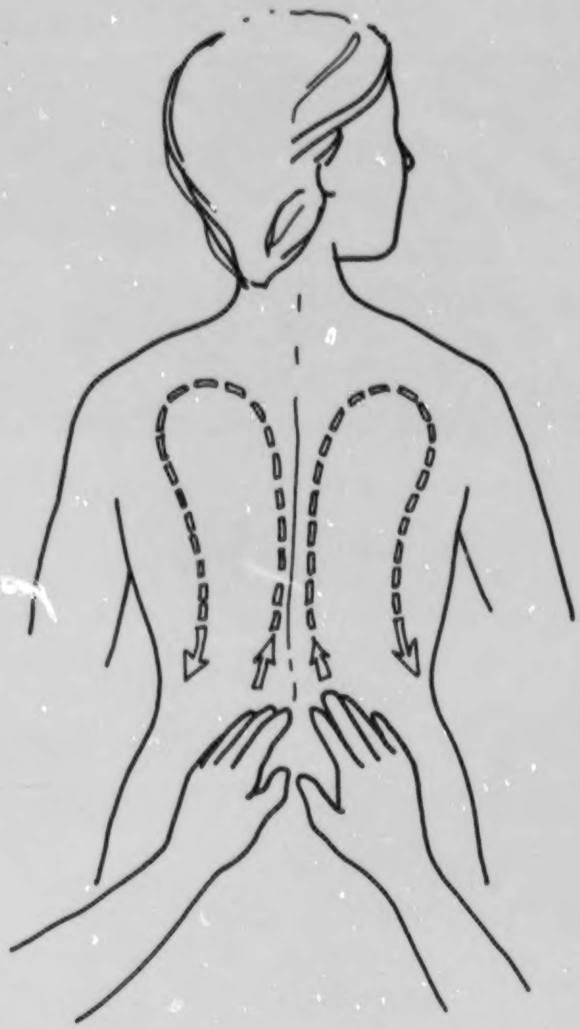
Did the Student:

		Yes	No
1.	Assemble equipment.	______	______
2.	Explain to patient what will be done.	______	______
3.	Provide adequate privacy in a warm, draft-free room.	______	______
4.	Have patient turn on his/her side, or preferably, abdomen, assisting if necessary.	______	______
5.	Face the head of the bed. The outer foot should be slightly forward and the knee slightly flexed. In this position it will be easy to use a rocking motion in applying pressure.	______	______
6.	Put lotion in your hands to warm it.	______	______
7.	Apply lotion to the patient's back, beginning at lumbosacral area. Apply up both sides of spinal column to neck, across shoulders, down to lumbosacral area. Use long, gentle, but firm strokes.	______	______
8.	Pay special attention to bony prominences.	______	______
9.	Assit as needed to replace clothing and return patient to comfortable position.	______	______
10.	Return equipment to proper place.	______	______

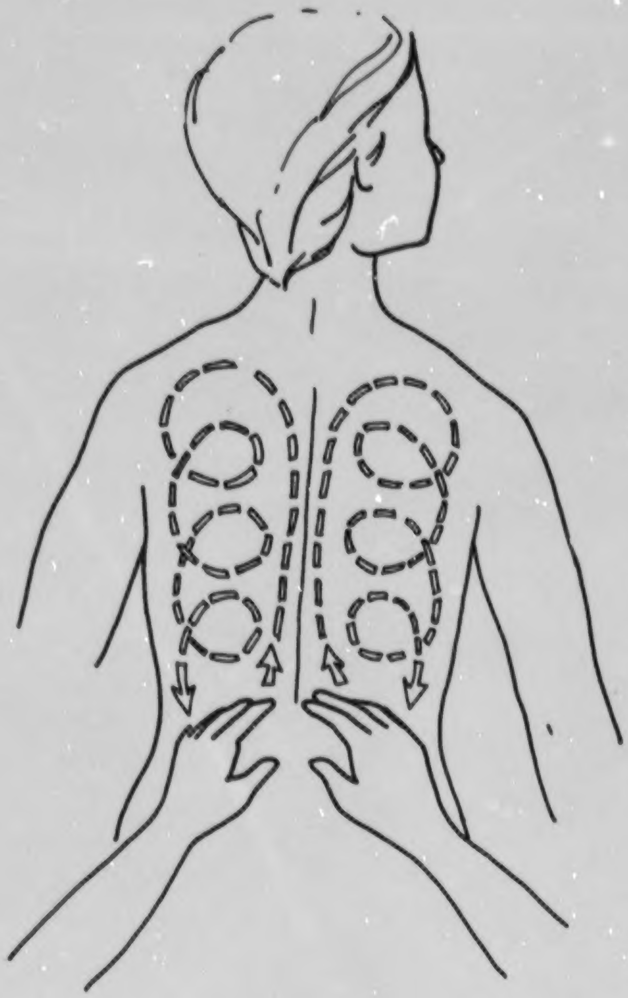
Comments:

Handout 1

Back Rub Methods



Long Stroke



Circular Stroke

LESSON PLAN: 6

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: This unit presents the skills required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help to clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: GIVE/ASSIST WITH PERINEAL CARE

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Give perineal care according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Disposable bed protector
2. Bedpan and cover
3. Graduated container
4. Cotton balls
5. Bath blanket or sheet
6. Warm water or prescribed solution

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Mayes, Mary E. Abdallah's Nurse's Aide Study Manual. Philadelphia: W.B. Saunders Co., 1970.

INTRODUCTION: Perineal care provides comfort and cleanliness for the patient, as well as preventing irritation and infection. Perineal care should always be given before catheter care. In this procedure, as in all patient care, it is important to report anything unusual to your supervisor.

LESSON PLAN: 6

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: GIVE/ASSIST WITH PERINEAL CARE

STEPS OF PROCEDURE:

1. Wash hands.
2. Assemble equipment.
3. Explain procedure to the patient.
4. Provide area that is warm, free of drafts, and private.
5. Cover bedding over patient with a bath blanket or extra sheet.
6. Underneath bath blanket, fold top bedding to foot of bed without exposing patient.
7. Arrange bath blanket to expose genital area.
8. Fill the graduated container with warm water (100°F/37.7°C) or with designated solution (warmed).
9. Place the bed protector beneath patient's hips.
10. Assist patient onto bedpan.

    Note: Pre-warm bedpan by rinsing with warm water. Be sure to dry well.
11. Pour warm water or warm solution over patient's perineal area.
12. Dry vulva and perineum with cotton balls; use a downward stroke - away from the urinary meatus toward the anal region to help prevent infection. Discard each cotton ball into paper bag after each use.
13. Remove bedpan and disposable bed protector. Place them at foot of bed or on a chair.
14. Replace top bedding as you fold bath blanket toward head of bed.
15. Assist patient into comfortable position.
16. Clean and store equipment in proper areas.
17. Wash hands.

SUMMARY AND CONCLUSION:

1. Review Steps of Procedure.
2. Discuss Interaction Items.

LESSON PLAN: 6

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: GIVE/ASSIST WITH PERINEAL CARE

INTERACTION ITEMS:

1. What should be the temperature of the water or solution used in perineal care?
2. Into what does the poured solution flow?
3. What method is used in drying the perineum? Why?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITY:

1. Instructor demonstrates procedure.
2. Students give counter-demonstrations.

LESSON PLAN: 6

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: GIVE/ASSIST WITH PERINEAL CARE

Evaluation Items

Did the student:		Yes	No
1.	Wash hands.	____	____
2.	Assemble equipment.	____	____
3.	Explain procedure to the patient.	____	____
4.	Provide area that is warm, free of drafts, and private.	____	____
5.	Cover bedding over patient with a bath blanket or extra sheet.	____	____
6.	Underneath bath blanket, fold top bedding to foot of bed without exposing patient.	____	____
7.	Arrange bath blanket to expose genital area.	____	____
8.	Fill the graduated container with warm water (100°F/37.7°C) or with designated solution (warmed).	____	____
9.	Place the bed protector beneath patient's hips.	____	____
10.	Assist patient onto bedpan.	____	____
	Note: Pre-warm bedpan by rinsing with warm water. Be sure to dry well.	____	____
11.	Pour warm water or warm solution over patient's perineal area.	____	____
12.	Dry vulva and perineum with cotton balls; use a downward stroke - away from the urinary meatus toward the anal region to help prevent infection. Discard each cotton ball into paper bag after each use.	____	____
13.	Remove bedpan and disposable bed protector. Place them at foot of bed or on a chair.	____	____
14.	Replace top bedding as you fold bath blanket toward head of bed.	____	____

15. Assist patient into comfortable position. ______ ______

16. Clean and store equipment in proper areas. ______ ______

17. Wash hands. ______ ______

Comments:

LESSON PLAN: 7

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: This unit presents the skills required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help to clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: GIVE/ASSIST WITH SHAVING

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Shave or assist the patient to shave according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Electric razor (or safety razor and fresh blade)
2. Soap or shaving cream
3. Basin of hot water
4. Towel and wash cloth
5. Mirror (if patient is shaving self)
6. Shaving lotion (optional)

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

INTRODUCTION: Shaving adds to the comfort and appearance of the patient. Whenever possible the patient should be encouraged to shave himself. Shaving may be done at bath time. While an electric razor will be easier and safer, the patient may not own one and/or may prefer the use of a safety razor.

LESSON PLAN: 7

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: GIVE/ASSIST WITH SHAVING

STEPS OF PROCEDURE:

I. Electric razor method:

- A. Wash hands.
- B. Explain procedure to patient.
- C. Spread towel over chest.
- D. Wash face thoroughly to remove dirt and oils.
- E. Apply preshave lotion to whiskers, if desired.
- F. Hold skin taut and move shaver in circular motion.
- G. Apply after-shave lotion if desired.
- H. Return equipment to proper areas.
- I. Wash hands.

II. Safety razor method:

- A. Wash hands.
- B. Explain procedure to patient.
- C. Spread towel over chest.
- D. Wash face with soap and water; do not dry.
- E. Rub shaving cream onto whiskers. If using soap, lather well and apply heavily.
- F. Pull skin taut and shave in direction of hair growth; use short, gentle strokes.
- G. Rinse off excess lather and dry face.
- H. Apply after-shave lotion, if desired.
- I. Clean and store equipment.
- J. Wash hands.

SUMMARY AND CONCLUSION:

1. Review Steps of Procedure.
2. Discuss Interaction Items.

LESSON PLAN: 7

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: GIVE/ASSIST WITH SHAVING

INTERACTION ITEMS:

1. What type of motion is used when shaving with an electric razor?
2. In which direction should a straight razor be used?
3. Why is the skin pulled taut over the area to be shaved?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITY:

1. Instructor demonstrates shaving procedure.
2. Students practice with return demonstration.

LESSON PLAN: 7

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: GIVE/ASSIST WITH SHAVING

Evaluation Items:

Did the student:	Yes	No
A. Electric razor method:		
1. Wash hands.		
2. Explain procedure to patient.		
3. Spread towel over chest.		
4. Wash face thoroughly to remove dirt and oils.		
5. Apply preshave lotion to whiskers, if desired.		
6. Hold skin taut and move shaver in circular motion.		
7. Apply after-shave lotion if desired.		
8. Return equipment to proper areas.		
9. Wash hands.		
B. Safety razor method:		
1. Wash hands.		
2. Explain procedure to patient.		
3. Spread towel over chest.		
4. Wash face with soap and water; do not dry.		
5. Rub shaving cream onto whiskers. If using soap, lather well and apply heavily.		
6. Pull skin taut and shave in direction of hair growth; use short, gentle strokes.		
7. Rinse off excess lather and dry face.		
8. Apply after-shave lotion, if desired.		

9. Clean and store equipment. ______ ______

10. Wash hands. ______ ______

Comments:

LESSON PLAN: 8

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: This unit presents the skills required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help to clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: COMB/BRUSH HAIR

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Arrange patient's hair attractively according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Comb
2. Brush
3. Towel

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Rapier, Dorothy Kelley, et al. Practical Nursing, 4th ed. St. Louis: C.V. Mosby Co., 1970.

INTRODUCTION: The daily routine of hair grooming can do much to help the patient's psychological well-being. It is also a good time to check for signs of scalp disorders. Encourage patients to do this task for themselves if possible, as it provides good exercise for the shoulders, arms, and hands. The patient's comfort and preferences should be considered in arranging the hair.

LESSON PLAN: 8

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: COMB/BRUSH HAIR

STEPS OF PROCEDURE:

1. Wash hands.
2. Explain procedure to patient.
3. Help patient to a sitting position; place towel around shoulders.
    a. If patient is unable to sit, spread towel across pillow.
4. Remove hairpins, combs, glasses, etc., if applicable.
5. Gently brush, then comb, hair.
    a. A few drops of water or alcohol and combing a small section of hair at a time will help with tangles.
6. Arrange hair attractively, heeding patient's preferences.
7. Remove towel; clean and store equipment.
8. Wash hands.

SUMMARY AND CONCLUSION:

1. Review Steps of Procedure.
2. Discuss Interaction Items.

LESSON PLAN: 8

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: COMB/BRUSH HAIR

INTERACTION ITEMS:

1. How is the towel placed before brushing and combing?
2. Why should the patient's glasses be removed?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITY:

1. Instructor demonstrates hair grooming procedure.
2. Students practice with return demonstration.

LESSON PLAN: 8

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: COMB/BRUSH HAIR

Evaluation Items:

Did the student:	Yes	No
1. Wash hands.	______	______
2. Explain procedure to patient.	______	______
3. Help patient to a sitting position; place towel around shoulders.	______	______
a. If patient is unable to sit, spread towel across pillow.	______	______
4. Remove hairpins, combs, glasses, etc., if applicable.	______	______
5. Gently brush, then comb, hair.	______	______
a. A few drops of water or alcohol and combing a small section of hair at a time will help with tangles.	______	______
6. Arrange hair attractively, heeding patient's preferences.	______	______
7. Remove towel; clean and store equipment.	______	______
8. Wash hands.	______	______

Comments:

LESSON PLAN: 9

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: This unit presents the skills required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help to clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: BRAID HAIR

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Braid a patient's hair according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Comb
2. Brush
3. Towel
4. Hair pins

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Rapier, Dorothy Kelley, et al. Practical Nursing, 4th ed. St. Louis: C.V. Mosby Co., 1970.

INTRODUCTION: A patient with long hair often prefers to braid it, as this is easy, looks neat, and is more comfortable because the hair is not bunched at the back of the head. Because it provides good exercise, encourage the patient to participate as much as possible.

LESSON PLAN: 9

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: BRAID HAIR

STEPS OF PROCEDURE:

1. Wash hands.
2. Explain procedure to patient.
3. Help patient to sitting position; place towel around shoulders.
4. Remove hair pins, combs, glasses, etc.
5. Gently brush, then comb hair.
6. Part hair in center of head from forehead to nape of neck.
7. Divide each side of hair in half at crown of head, from center to top of ear. Separate sections and comb or brush each section - upward, forward center part.
8. Comb each of the two sections on one side of the head into a single large strand, forming the strand as near the intersection of center and side part lines as possible.
9. Hold one big strand in each hand; cross the right strand over the left; then left back over right until the two strands are woven together to form a single braid. Secure ends temporarily with hairpin.
10. Repeat braiding process on other side of head.
11. Braids may be left loose on each side; secure ends with ribbon or rubber bands. The two braids may also be braided together and coiled attractively on top of head; secure ends to hair with hair pins.
12. Patient may prefer alternate method of braiding; check with her first.
13. Remove towel; put away equipment.
14. Wash hands.

SUMMARY AND CONCLUSION:

1. Review Steps of Procedure.
2. Discuss Interaction Items.

LESSON PLAN: 9

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: BRAID HAIR

INTERACTION ITEMS:

1. Why is towel placed around patient's shoulders?
2. Where is hair parted?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITY:

1. Instructor demonstrates braiding hair on student volunteer.

LESSON PLAN: 9

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: BRAID HAIR

Evaluation Items:

Did the student:	Yes	No
1. Wash hands.		
2. Explain procedure to patient.		
3. Help patient to sitting position; place towel around shoulders.		
4. Remove hair pins, combs, glasses, etc.		
5. Gently brush, then comb hair.		
6. Part hair in center of head from forehead to nape of neck.		
7. Divide each side of hair in half at crown of head, from center to top of ear. Separate sections and comb or brush each section - upward, forward center part.		
8. Comb each of the two sections on one side of the head into a single large strand, forming the strand as near the intersection of center and side part lines as possible.		
9. Hold one big strand in each hand; cross the right strand over the left; then left back over right until the two strands are woven together to form a single braid. Secure ends temporarily with hairpin.		
10. Repeat braiding process on other side of head.		
11. Braids may be left loose on each side; secure ends with ribbon or rubber bands. The two braids may also be braided together and coiled attractively on top of head; secure ends to hair with hairpins.		
12. Patient may prefer alternate method of braiding; check with her first.		
13. Remove towel; put away equipment.		

14. Wash hands. ______ ______

Comments:

LESSON PLAN: 10

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: This unit presents the skills required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help to clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: SHAMPOO HAIR

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Shampoo patient's hair according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Shampoo drain - commerical or improvised
2. Bucket or large pan
3. Newspapers
4. Plastic sheet
5. Bath towels (2)
6. Shampoo
7. Large pitcher(s) of warm water
8. Cotton balls (2)
9. Creme rinse (optional)
10. Hair dryer (if available)

INFORMATIONAL ASSIGNMENT: **(Student)**

REFERENCES: **(Instructor's Additional Information)**

Rapier, Dorothy Kelley, et al. Practical Nursing, 4th ed. St. Louis: C.V. Mosby Co., 1970.

INTRODUCTION: Shampoos are given to clean the hair, to improve the appearance and well-being of the patient, to increase circulation of the scalp, and to check condition of scalp. Shampoos may be given in bed with the patient sitting up or lying on his back. Patients with heart disease or conditions that interfere with respiration may need to have the head elevated.

LESSON PLAN: 10

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: SHAMPOO HAIR

STEPS OF PROCEDURE:

1. Wash hands.
2. Assemble equipment at bedside.
3. Be sure room is warm and free of drafts.
4. Explain procedure to patient.
5. Move patient to one side of bed. Place one towel around shoulders, one under head. Place shampoo drain on top of towel under head.
6. Cover footstool (or floor if bed is low) with newspapers. Set bucket on newspaper and put end of shampoo drain into bucket.
7. Put one cotton ball into each ear of patient.
8. Apply sufficient water to wet the hair.
9. Apply shampoo; work up a good lather and massage well.
10. Rinse thoroughly, working from front to back of head.
11. Repeat sudsing and rinsing if necessary.
12. Apply creme rinse if desired; follow directions on bottle. Rinse well.
13. Remove shampoo drain and place in bucket.
14. Using towel under head, towel dry patient's hair. Comb thoroughly.
15. Set hair, if desired, with curlers or bobby pins.
16. Use hair dryer if available. Keep the temperature low to avoid patient discomfort. When hair is dry, remove curlers, etc., and comb or brush hair attractively.
17. Be sure patient is dry and comfortable.
18. Clean and properly store all equipment.

SUMMARY AND CONCLUSION:

1. Review Steps of Procedure.
2. Discuss Interaction Items.

LESSON PLAN: 10

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: SHAMPOO HAIR

INTERACTION ITEMS:

1. Why is it necessary to provide a warm and draft-free area?
2. Why are cotton balls placed in patient's ears?
3. Why is clean hair important?
4. Electrical precautions regarding hair dryers.
5. Electrical precautions regarding water.

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITY:

1. Instructor demonstrates shampoo procedure.
2. Students return demonstration.

LESSON PLAN: 10

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: SHAMPOO HAIR

Evaluation Items:

Did the student:	Yes	No
1. Wash hands.	______	______
2. Assemble equipment at bedside.	______	______
3. Be sure room is warm and free of drafts.	______	______
4. Explain procedure to patient.	______	______
5. Move patient to one side of bed. Place one towel around shoulders, one under head. Place shampoo drain on top of towel under head.	______	______
6. Cover footstool (or floor if bed is low) with newspapers. Set bucket on newspaper and put end of shampoo drain into bucket.	______	______
7. Put one cotton ball into each ear of patient.	______	______
8. Apply sufficient water to wet the hair.	______	______
9. Apply shampoo; work up a good lather and massage well.	______	______
10. Rinse thoroughly, working from front to back of head.	______	______
11. Repeat sudsing and rinsing if necessary.	______	______
12. Apply creme rinse if desired; follow directions on bottle. Rinse well.	______	______
13. Remove shampoo drain and place in bucket.	______	______
14. Using towel under head, towel dry patient's hair. Comb thoroughly.	______	______
15. Set hair, if desired, with curlers or bobby pins.	______	______
16. Use hair dryer if available. Keep the temperature low to avoid patient discomfort. When hair is dry, remove curlers, etc., and comb or brush hair attractively.	______	______

17. Be sure patient is dry and comfortable.	______	______
18. Clean and properly store all equipment.	______	______

Comments:

LESSON PLAN: 17

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: This unit presents the skills required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help to clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: GIVE FINGERNAIL/TOENAIL/FOOT CARE

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Give fingernail/toenail/foot care according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Wash basin
2. Warm water
3. Soap
4. Orange stick or flat toothpick
5. Emery board
6. Pumice stone
7. Washcloth
8. Towel
9. Body lotion

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

INTRODUCTION: Some patients who are ill for a long time or who have conditions affecting circulation, diabetes, etc., may need special care of the fingernails, toenails, and feet. These areas should be carefully observed for any unusual appearance. The home health aide should report and chart any reddened, darkened, or irritated areas; infections or sores; swelling; or discoloration of the nails. Also note if there is a difference of temperature between one extremity and the other.

This procedure is usually done as part of the patient's bath, when the hands and feet are freshly bathed and the skin and nails soft.

LESSON PLAN: 11

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: GIVE FINGERNAIL/TOENAIL/FOOT CARE

STEPS OF PROCEDURE:

1. Explain procedure to patient.
2. Provide a warm, draft-free area.
3. Observe hands and feet carefully.
4. If procedure is not done at bath time, wash each hand and foot in warm soapy water; let soak for a few minutes.
5. Dry hand or foot carefully, especially between fingers and toes.
6. Clean under nails and around nail-bed with an orange stick or the broad end of a flat toothpick.
7. Carefully use emery board to smooth nails. Shape toenails straight across; round tops of fingernails.
8. Use pumice stone to smooth callouses on feet.
9. Apply lotion to feet, legs, hands, and arms. Do not massage extremities.

   Note: Aide would only trim nails if policy of agency and if given written instructions by the RN.

SUMMARY AND CONCLUSION:

1. Review Steps of Procedure.
2. Discuss Interaction Items.

LESSON PLAN: 11

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: GIVE FINGERNAIL/TOENAIL/FOOT CARE

INTERACTION ITEMS:

1. What do you use to clean around the nail-bed and under the nail?
2. How are the toenails shaped?
3. Why should you never trim a patient's nails without specific written instructions from the RN?
4. When should the patient's extremities not be massaged?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Divide students into pairs to practice fingernail, toenail, and foot care.

LESSON PLAN: 11

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: GIVE FINGERNAIL/TOENAIL/FOOT CARE

Evaluation Items:

Did the student:	Yes	No
1. Explain procedure to patient.		
2. Provide a warm, draft-free area.		
3. Observe hands and feet carefully.		
4. If procedure is not done at bath time, wash each hand and foot in warm soapy water; let soak for a few minutes.		
5. Dry hand or foot carefully, especially between fingers and toes.		
6. Clean under nails and around nail-bed with an orange stick or the broad end of a flat toothpick.		
7. Carefully use emery board to smooth nails. Shape toenails straight across; round tops of fingernails.		
8. Use pumice stone to smooth callouses on feet.		
9. Apply lotion to feet, legs, hands, and arms. Do not massage extremities.		

Comments:

LESSON PLAN: 12

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: This unit presents the skills required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help to clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: DRESS/UNDRESS THE PATIENT

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Dress and undress the patient according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Chair
2. Bath blanket
3. Socks
4. Shoes
5. Dress
6. Slacks
7. Shirt
8. Undergarments
9. Newspaper
10. Gown
11. Pajamas
12. Clothes hanger(s)

INFORMATIONAL ASSIGNMENT: **(Student)**

REFERENCES: **(Instructor's Additional Information)**

INTRODUCTION: "Getting dressed" helps the patient feel he/she is recovering and is becoming part of the "normal" world again. Patients should be encouraged to dress themselves, however, some patients due to stroke, arthritis, paralysis, or other reasons, are unable to do so and require partial or even total assistance. The steps of procedure outlined in this lesson are for the patient able to do little or nothing in dressing himself. Provide assistance and support as needed for the more able patient.

LESSON PLAN: 12

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: DRESS/UNDRESS THE PATIENT

STEPS OF PROCEDURE:

1. Explain procedure to patient.

2. Provide privacy and freedom from drafts.

3. Assemble clothing on chair.

4. Cover patient with bath blanket; move bed coverings to foot of bed; adjust bath blanket as needed.

5. Remove patient's gown or pajamas.

6. If dressing female patient, place brassiere around patient's chest; fasten hooks, help patient slip arms through shoulder straps. Patients putting on own bra may find it easier to hook it in front, then turn fasteners to proper position in back. Front hook bras may also be helpful.

7. Help patient put on undershirt or slip. Pull garment over head to rest on shoulders, place arms through straps or sleeves (weaker arm first, if applicable); pull shirt or slip down on trunk and adjust into place.

8. Assist patient to put on shorts or panties; slide garment to upper thighs, then have patient raise buttocks as you slip underwear upward into place.

9. Wrap-around and button-up type shirts, blouses, or dresses are generally easier to put on, espcially if one-sided weakness is present. Place weak arm in sleeve first, then stronger arm. Adjust garment into proper position and secure fasteners.

10. Over-the-head style shirts, blouses, and dresses should be donned as described in Step 7 above.

11. Slacks, pants, or skirt are applied in the same method as underpants. If patient has catheter, fly may be safety-pinned shut.

12. With thumbs in top opening, gather sock to toe; place patient's toes into toe of sock. Pull sock evenly up foot and over heel; smooth sock into place. Pull top of sock into place on leg.

13. Help patient slip feet into shoes; use shoe horn if necessary. Tie shoes comfortably, if applicable. Put newspaper under shoes to avoid soiling sheets.

14. To undress patient, reverse dressing procedures; in undressing, remove stronger arm or leg first to avoid strain on weaker side.

15. After settling patient comfortably into bed, store all clothing properly and neatly.

SUMMARY AND CONCLUSION:

1. Discuss Interaction Items.

2. Review Steps of Procedure.

LESSON PLAN: 12

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: DRESS/UNDRESS THE PATIENT

INTERACTION ITEMS:

1. What special attention is paid to patient with one-sided weakness when dressing or undressing?
2. Why are over-the-head style garments discouraged?
3. What should one do with clothing that has been removed from patient?

CLASS, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Instructor demonstrates steps of procedure.
2. Students practice dressing and undressing "patient."

LESSON PLAN: 12

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: DRESS/UNDRESS THE PATIENT

Evaluation Items:

	Did the student:	Yes	No
1.	Explain procedure to patient.		
2.	Provide privacy and freedom from drafts.		
3.	Assemble clothing on chair.		
4.	Cover patient with bath blanket; move bed coverings to foot of bed; adjust bath blanket as needed.		
5.	Remove patient's gown or pajamas.		
6.	If dressing female patient, place brassiere around patient's chest; fasten hooks; help patient slip arms through shoulder straps. Patients putting on own bra may find it easier to hook it in front, then turn fasteners to proper position in back. Front hook bras may also be helpful.		
7.	Help patient put on undershirt or slip. Pull garment over head to rest on shoulders, place arms through straps or sleeves (weaker arm first, if applicable); pull shirt or slip down on trunk and adjust into place.		
8.	Assist patient to put on shorts or panties; slide garment to upper thighs, then have patient raise buttocks as you slip underwear upward into place.		
9.	Wrap-around and button-up type shirts, blouses, or dresses are generally easier to put on, espcially if one-sided weakness is present. Place weak arm in sleeve first, then stronger arm. Adjust garment into proper position and secure fasteners.		
10.	Over-the-head style shirts, blouses, and dresses should be donned as described in Step 7 above.		
11.	Slacks, pants, or skirt are applied in the same method as underpants. If patient has catheter, fly may be safety-pinned shut.		

12. With thumbs in top opening, gather sock to toe; place patient's toes into toe of sock. Pull sock evenly up foot and over heel; smooth sock into place. Pull top of sock into place on leg. ________ ________

13. Help patient slip feet into shoes; use shoe horn if necessary. Tie shoes comfortably, if applicable. Put newspaper under shoes to avoid soiling sheets. ________ ________

14. To undress patient, reverse dressing procedures; in undressing, remove stronger arm or leg first to avoid strain on weaker side. ________ ________

15. After settling patient comfortably into bed, store all clothing properly and neatly. ________ ________

Comments:

LESSON PLAN: 13

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: This unit presents the skills required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help to clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: APPLY ANTI-EMBOLISM ELASTIC STOCKINGS

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Apply anti-embolism elastic stockings according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Anti-embolism elastic stockings, thigh, or knee hose
2. Handout #1: Applying Anti-Embolism Elastic Stockings

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

INTRODUCTION: Elastic stockings are used for some patients to aid return circulation and to provide support for the lower extremities. Elastic stockings should be used only on physician's orders. Special sizes or additional instructions may be noted on the home health aide's assignment sheet. Elastic stockings should always be applied early in the day before swelling occurs.

LESSON PLAN: 13

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: APPLY ANTI-EMBOLISM ELASTIC STOCKINGS

STEPS OF PROCEDURE: (See Handout #1)

1. Explain procedure to patient.
2. Protect stockings from open sores and medications (lotions and ointments).
3. Turn stocking inside out; invert foot back to heel. Seam faces down.
4. Pull stocking onto patient's foot, past mid-point of heel. Pull from sides - never by the seams.
5. Grasp fabric beyond toes and pull stocking over foot.
6. Using short pulls, pull stocking up leg; smooth evenly with palms.
7. Pull out fabric toward tips of toes to set evenly on foot; allow fabric to settle back normally.
8. Smooth material over ankle and knee of stocking firmly in place to avoid binding at these two curves.
9. Never allow top of stocking to turn or roll down.
10. The home health aide checks the patient on each visit for any signs or symptoms of circulatory problems (color of toes, pain, swelling, temperature, etc.). Chart all pertinent observations.
11. The home health aide should reinforce instructions given to the patient and family or caretaker for application procedure and care of stockings.

SUMMARY AND CONCLUSION:

1. Review Steps of Procedure.
2. Discuss Interaction Items.

LESSON PLAN: 13

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: APPLY ANTI-EMBOLISM ELASTIC STOCKINGS

INTERACTION ITEMS:

1. From what should you protect the stockings? Why?
2. Why is the toe of the stocking pulled out after putting stocking on foot?
3. What observations should be made while the patient is wearing elastic stockings?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Instructor demonstrates application of anti-embolism elastic stockings.
2. Students practice applying anti-embolism elastic stockings on each other.

LESSON PLAN: 13

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: APPLY ANTI-EMBOLISM ELASTIC STOCKINGS

Evaluation Items:

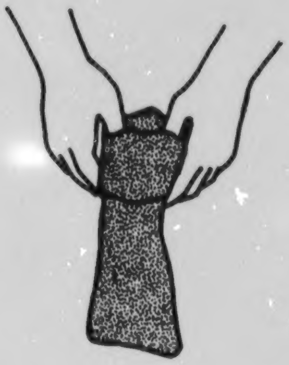
Did the student:	Yes	No
1. Explain procedure to patient.		
2. Protect stockings from open sores and medications (lotions and ointments).		
3. Turn stocking inside out; invert foot back to heel. Seam faces down.		
4. Pull stocking onto patient's foot, past mid-point of heel. Pull from sides - never by the seams.		
5. Grasp fabric beyond toes and pull stocking over foot.		
6. Using short pulls, pull stocking up leg; smooth evenly with palms.		
7. Pull out fabric toward tips of toes to set evenly on foot; allow fabric to settle back normally.		
8. Smooth material over ankle and knee of stocking firmly in place to avoid binding at these two curves.		
9. Never allow top of stocking to turn or roll down.		
10. The home health aide checks the patient on each visit for any signs or symptoms of circulatory problems (color of toes, pain, swelling, temperature, etc.). Chart all pertinent observations.		
11. The home health aide should reinforce instructions given to the patient and family or caretaker for application procedure and care of stockings.		

Comments:

Handout 1

Applying Anti-Embolism Elastic Stockings

1.



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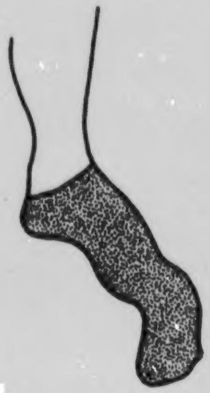

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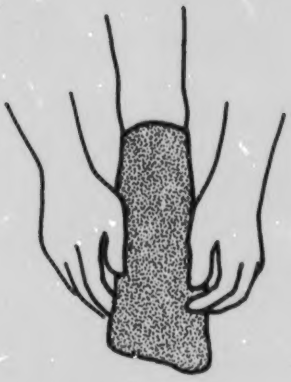

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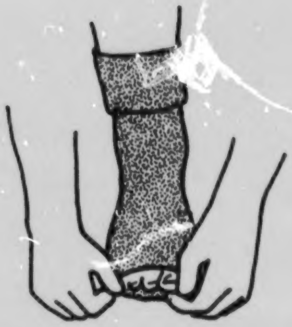

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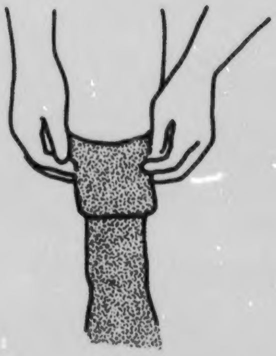

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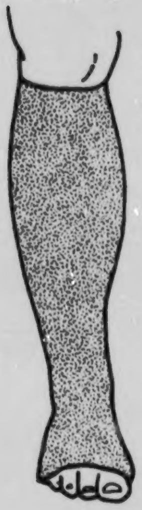

LESSON PLAN: 14

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: This unit presents the skills required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help to clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: MAKE AN UNOCCUPIED BED

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Make an unoccupied bed according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Pillow case (bottom of pile)
2. Bedspread
3. Blanket
4. Top sheet
5. Cotton draw sheet
6. Plastic or rubber draw sheet
7. Bottom sheet
8. Mattress pad or cover (top of pile)

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Rapier, Dorothy Kelley, et al. Practical Nursing, 4th ed. St. Louis: C.V. Mosby Co., 1970.

INTRODUCTION: A clean wrinkle-free bed is especially important to the patient. In this lesson, you will learn how to make an unoccupied bed.

LESSON PLAN: 14

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: MAKE AN UNOCCUPIED BED

STEPS OF PROCEDURE:

1. Wash hands.
2. Assemble and arrange linen.
3. If patient has a hospital-type bed, raise bed to high position and lower bed rails.
4. Remove pillow and take off pillow case.
5. Remove soiled linen from bed, folding soiled surfaces together; place in appropriate receptacle. Avoid contact with soiled linen surfaces.
6. If not soiled, fold bedspread, blanket, and rubber draw sheet and place on chair.
7. Unfold clean botton sheet and center on bed, place hem even with mattress at foot of bed.
8. Working on nearest side of bed only, tuck head of bottom sheet under mattress and miter corner. Tuck sheet snugly down sides of mattress.
9. If using fitted bottom sheet, fit corners onto mattress in a diagonally opposite pattern.
10. Center plastic or rubber drawsheet on middle third of mattress; tuck in near side only. Repeat with cotton drawsheet.
11. Place top sheet full length of bed, with hem wrong side up and even with head of mattress.
12. Place blanket full length of bed, with hem wrong side up and even with head of mattress.
13. Place bedspread on bed so that it will cover patient's shoulders.
14. Tuck top sheet, blanket, and spread under foot at mattress. Miter corners.
15. Repeat process on other side of bed.
16. Fold top 10 - 12 inches of spread under blanket; fold hem of top sheet back over blanket. Smooth out wrinkles and place pillow at center head of bed.

17. Change pillow and case.

18. Lower bed and raise bed rail on opposite side of point of entry (if applicable).

SUMMARY AND CONCLUSION:

1. Review Steps of Procedure.

2. Discuss Interaction Items.

LESSON PLAN: 14

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: MAKE AN UNOCCUPIED BED

INTERACTION ITEMS:

1. Why is it important to remove soiled linen without coming in contact with the home health aide's face or uniform?
2. Why is the bottom sheet left even with the foot of the mattress?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Have students practice making an unoccupied bed.

LESSON PLAN: 14

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: MAKE AN UNOCCUPIED BED

Evaluation Items:

Did the student:		Yes	No
1.	Wash hands.		
2.	Assemble and arrange linen.		
3.	If patient has a hospital-type bed, raise bed to high position and lower bed rails.		
4.	Remove pillow and take off pillow case.		
5.	Remove soiled linen from bed, folding soiled surfaces together; place in appropriate receptacle. Avoid contact with soiled linen surfaces.		
6.	If not soiled, fold bedspread, blanket, and rubber draw sheet and place on chair.		
7.	Unfold clean botton sheet and center on bed, place hem even with mattress at foot of bed.		
8.	Working on nearest side of bed only, tuck head of bottom sheet under mattress and miter corner. Tuck sheet snugly down sides of mattress.		
9.	If using fitted bottom sheet, fit corners onto mattress in a diagonally opposite pattern.		
10.	Center plastic or rubber drawsheet on middle third of mattress; tuck in near side only. Repeat with cotton drawsheet.		
11.	Place top sheet full length of bed, with hem wrong side up and even with head of mattress.		
12.	Place blanket full length of bed, with hem wrong side up and even with head of mattress.		
13.	Place bedspread on bed so that it will cover patient's shoulders.		
14.	Tuck top sheet, blanket, and spread under foot at mattress. Miter corners.		

15. Repeat process on other side of bed. ______ ______

16. Fold top 10 - 12 inches of spread under blanket; fold hem of top sheet back over blanket. Smooth out wrinkles and place pillow at center head of bed. ______ ______

17. Change pillow and case. ______ ______

18. Lower bed and raise bed rail on opposite side of point of entry (if applicable). ______ ______

Comments:

LESSON PLAN: 15

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: This unit presents the skills required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help to clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: MAKE AN OCCUPIED BED

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Make an occupied bed according to proper steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Bedspread
2. Blanket
3. Two sheets
4. Draw sheet or folded flat sheet
5. Waterproof mattress pad (optional)
6. Pillowcase(s)
7. Handout #1: Making a Mitered Corner

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Cooley, Donald G., ed. Family Medical Guide. New York: Meredith Press, 1966.

Rapier, Dorothy Kelley, et al. Practical Nursing, 4th ed. St. Louis: C.V. Mosby Co., 1966

INTRODUCTION: A clean fresh bed is an essential part of personal care and grooming for the person in bed. A clean, wrinkle-free bed helps prevent skin irritation and makes the patient more comfortable. Preferably the bed is changed after the bath so that the patient is also clean and to insure a dry bed after a bed bath.

If clean linens are limited or unavailable, clean blankets may be used in place of sheets. Some patients may prefer cotton blankets instead of sheets. If there is no bedding available, this should be reported to the supervisor so that arrangements can be made.

LESSON PLAN: 15

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: MAKE AN OCCUPIED BED

STEPS OF PROCEDURE:

1. Gather all equipment needed. Place in clean area of room as close to bed as possible.
2. Explain procedure to patient.
3. Provide adequate privacy for patient.
4. Be sure room is warm and free of drafts.
5. If hospital bed, lower knee and back rests until bed is flat, if allowable.
6. Loosen the bedding at the foot of the bed and on the side nearest you.
7. Remove the spread.
   a. Fanfold to foot of bed, then grasp center to fold.
8. Remove top sheet by sliding it down under the blanket. Keep blanket on patient for warmth.
9. Raise side rail on opposite side of bed or provide effective barrier to prevent patient from falling out of bed.
10. Have patient move (assist if necessary) to opposite side of bed. Turn patient to face toward side of bed not yet being made.
11. Gather the soiled bottom sheet into a lengthwise flat roll and push it and the soiled drawsheet up to patient's back.
12. Smooth the mattress pad. (Change if necessary.)
13. Place clean bottom sheet, folded lengthwise, on top of mattress pad. Leave about eighteen inches at the top end.
14. Tuck sheet under head of mattress, making a mitered corner. Bed Handout #1
   a. Grasp selvage edge of clean sheet hanging at side of bed; lift it up to form straight line against mattress. Place across bed to form triangle.
   b. Grasp portion of sheet hanging down at corner of bed; tuck under the mattress.

c. Bring the triangle formed in first step over side of bed; smooth it, then tuck it under mattress.

15. If using a drawsheet, center it.

16. Tuck edges of sheet and drawsheet under mattress along side of bed.

17. Raise side rail or provide effective barrier at side of bed.

18. Have patient move to clean side of bed (assist if necessary).

19. Go to other side of bed; loosen bedding.

20. Remove soiled bottom sheet, keeping soiled surface on the inside.

21. Place top sheet over blanket. Have the patient hold sheet while blanket is withdrawn.

22. Place blanket and bedspread over top sheet. Tuck under mattress at foot of bed, using mitered corners.

23. Change pillowcase(s). Remove soiled case by turning inside out (it may carry infection from patient's nose and mouth). Keeping case away from your face, place with soiled linen.

24. Pull clean pillowcase over pillow, fit the corners.

25. Replace pillow under patient's head.

26. Help patient to comfortable position, adjusting back and knee rests if applicable.

27. A footboard or cradle may be used at the foot of the bed to keep the weight of the bedding from the feet and legs. An improvised version may be fashioned from a cardboard box.

28. If clean linens are limited or unavailable, clean warm blankets may be used in place of sheets. Some patients may prefer cotton blankets. If laundry is not part of the care plan, the aide should discuss this problem with a member of the family. If there is no bedding available, this should be reported to the supervisor so that arrangements can be made.

SUMMARY AND CONCLUSION:

1. Review Steps of Procedure.

2. Discuss Interaction Items.

LESSON PLAN: 15

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: MAKE AN OCCUPIED BED

INTERACTION ITEMS:

1. Why should you strive to make the patient's bed free of wrinkles?
2. Why should the side rail be raised or other barrier be provided on the opposite side of the bed from which you are working?
3. When is the best time to change the patient's bed linens?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Instructor demonstrates making an occupied bed.
2. Students practice procedure.

LESSON PLAN: 15

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: MAKE AN OCCUPIED BED

Evaluation Items:

Did the student:	Yes	No
1. Gather all equipment needed. Place in clean area of room as close to bed as possible.		
2. Explain procedure to patient.		
3. Provide adequate privacy for patient.		
4. Be sure room is warm and free of drafts.		
5. If hospital bed, lower knee and back rests until bed is flat, if allowable.		
6. Loosen the bedding at the foot of the bed and on the side nearest you.		
7. Remove the spread.		
a. Fanfold to foot of bed, then grasp center to fold.		
8. Remove top sheet by sliding it down under the blanket. Keep blanket on patient for warmth.		
9. Raise side rail on opposite side of bed or provide effective barrier to prevent patient from falling out of bed.		
10. Have patient move (assist if necessary) to opposite side of bed. Turn patient to face toward side of bed not yet being made.		
11. Gather the soiled bottom sheet into a lengthwise flat roll and push it and the soiled drawsheet up to patient's back.		
12. Smooth the mattress pad. (Change if necessary.)		
13. Place clean bottom sheet, folded lengthwise, on top of mattress pad. Leave about eighteen inches at the top end.		

14. Tuck sheet under head of mattress, making a mitered corner.

    a. Grasp selvage edge of clean sheet hanging at side of bed; lift it up to form straight line against mattress. Place across bed to form triangle.

    b. Grasp portion of sheet hanging down at corner of bed; tuck under the mattress.

    c. Bring the triangle formed in first step over side of bed; smooth it, then tuck it under mattress.

15. If using a drawsheet, center it.

16. Tuck edges of sheet and drawsheet under mattress along side of bed.

17. Raise side rail or provide effective barrier at side of bed.

18. Have patient move to clean side of bed (assist if necessary).

19. Go to other side of bed; loosen bedding.

20. Remove soiled bottom sheet, keeping soiled surface on the inside.

21. Place top sheet over blanket. Have the patient hold sheet while blanket is withdrawn.

22. Place blanket and bedspread over top sheet. Tuck under mattress at foot of bed, using mitered corners.

23. Change pillowcase(s). Remove soiled case by turning inside out (it may carry infection from patient's nose and mouth). Keeping case away from your face, place with soiled linen.

24. Pull clean pillowcase over pillow, fit the corners.

25. Replace pillow under patient's head.

26. Help patient to comfortable position, adjusting back and knee rests if applicable.

27. A footboard or cradle may be used at the foot of the bed to keep the weight of the bedding from the feet and legs. An improvised version may be fashioned from a cardboard box.

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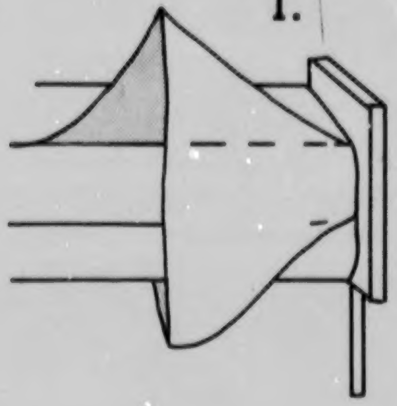
28. If clean linens are limited or unavailable, clean warm blankets may be used in place of sheets. Some patients may prefer cotton blankets. If laundry is not part of the care plan, the aide should discuss this problem with a member of the family. If there is no bedding available, this should be reported to the supervisor so that arrangements can be made. ____ ____

Comments:

Handout 1

Making A Mitered Corner

1.



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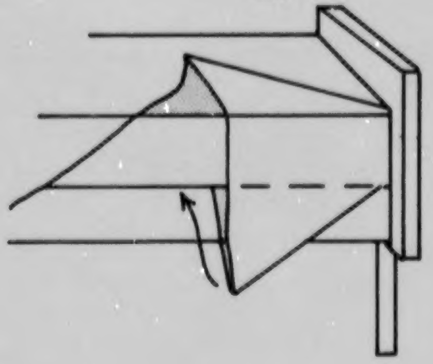

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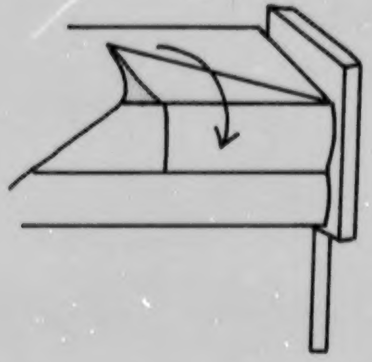

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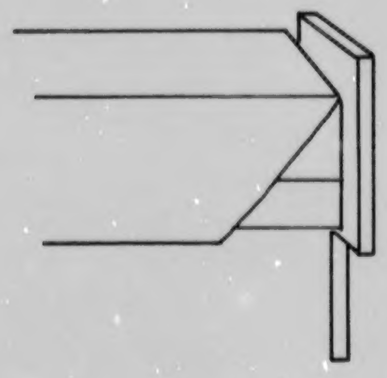

LESSON PLAN: 16

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: The unit presents the skills required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help to clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: SERVING, FEEDING, MONITORING

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Relate how to prepare patient for mealtime.
2. Recall considerations in serving food to patient.
3. Relate key points in helping patient to eat.
4. Identify points in feeding a patient.
5. Recall after meal care.
6. Identify key points in meeting nutritional needs of patient with special feeding problems.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Handout #1: Plate For The Blind Patient
2. Handout #2: Adaptive Equipment
3. Bulb syringe

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

INTRODUCTION: Mealtime for the patient should be a pleasant, relaxed break in the routine of his day. Helping him prepare himself and providing a fresh, pleasant atmosphere are as important as serving an attractive meal.

LESSON PLAN: 16

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: SERVING, FEEDING, MONITORING

OUTLINE: (Key Points)

I. Preparing Patient for Mealtime

   A. Offer urinal or bedpan or assist patient to bathroom.

   B. Remind patient to wash hands before eating; assist if necessary.

   C. Assist patient to dining area or to chair in bedroom if unable to leave bedroom.

      1. Position chair and table comfortably.

      2. Protect patient's clothing with bib or napkin.

   D. If patient is unable to leave bed, position in as near a sitting position as allowable by medical orders and patient's condition.

      1. Straighten linen.

      2. Protect clothing with bib or napkin.

      3. Conveniently position overbed table, if applicable.

   E. Prepare environment.

      1. Cover or remove unsightly medical appliances and equipment such as urinary bags, bedpans, etc.

      2. Remove unpleasant odors.

      3. Control sound levels; shut out loud extraneous noises. Soothing background music or other quiet pleasant sounds are appropriate at mealtime; loud noises are not conducive to relaxation and good digestion.

   F. Help patient be as comfortable and free of pain as possible.

   G. Remember to allow patient to rest before mealtime so he won't be too tired to feel like eating.

II. Serving the food

   A. Be sure food is the right temperature and consistency; is it hot, cold, thick, thin, creamy, etc.?

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B. Serve food attractively. Put it on the plate neatly and in an appetizing manner, do not just pile it on. Arrange the individual dishes attractively too, whether setting the table or preparing a tray.

  1. If tray is needed but none is available, improvise. Use a cookie sheet, sturdy shallow box lid, or other suitable container that your imagination spots. Just cover the item with foil, napkins, or a towel.

C. Place food on table with items arranged so that main dish is nearest patient.

D. Keep items within easy reach of patient.

E. Be sure any special devices or utensils needed by the patient are present; this includes items such as straws, built-up handles, etc.

III. Feeding the patient

A. Encourage the patient to participate as much as possible. Even if able to feed himself/herself, He/she may have trouble buttering bread, pouring milk on his/her cereal, cutting meat, etc. Help him/her if necessary, but encourage his/her independence and sense of accomplishment.

B. When using straw, insert it at corner of patient's mouth. Be sure lower end is submerged to avoid swallowing air.

C. Fill fork or spoon no more than 1/3 to 2/3 full; this provides manageable bite size and helps avoid spillage. Remove drip from bottom of spoon.

D. Offer food in variety; alternate meat, vegetables, and bread rather than all of one before going to next.

E. Wipe patient's mouth frequently.

F. Be sure patient has plenty of time to chew and swallow between bites. Do not rush him/her.

G. Touch patient's lower, then upper, lip to gently signal him/her that you are ready to put the next bite into his/her mouth.

H. Use the utensil normally used for the food being consumed.

I. Keep conversation friendly and pleasant.

J. Note amount of food eaten; report changes of appetite to your supervisor.

K. If patient did not eat a particular food, ask if preparing it differently next time might help.

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IV. Care after meal

A. Remove dirty dishes to kitchen.

B. Help patient wash face and hands; encourage mouth care.

C. Make patient comfortable. Help him/her to comfortable chair or into comfortable position in bed. ✓

V. Special problems ✓

A. Blind patient (See handout #1.)

1. Identify placement of food on plate; inform patient of other food, drink, and eating utensils on table or tray. Use clock method of identification: a plate could be described by telling patient that meat is at six o'clock, bread at nine o'clock, potatoes at eleven o'clock, and vegetables at two o'clock.

2. Be sure to warn patients of hot food.

3. Encourage independence.

B. Patient with paralysis

1. Put food into mouth on side not paralyzed.

2. Allow plenty of time for chewing and swallowing.

3. Clean food out of paralyzed side of mouth frequently.

4. Patient may drool from paralyzed side; wipe often.

5. A straw or specially designed cup makes drinking easier and neater.

6. Assist patient only as necessary; encourage him/her to feed himself/herself.

C. Syringe feeding

1. Food should be liquid or semi-liquid.

2. Insert syringe tip into patient's mouth on non-paralyzed side. Slowly squeeze bulb.

3. Slowly squeeze bulb, giving no more than 15 cc at a time.

4. Feed slowly. Allow plenty of time for patient to swallow.

D. Helpful devices (See handout #2.)

1. May be "store-bought" or improvised

2. Ingenuity of home health aide can greatly improve ease of eating for patient and make it a pleasant time again.

3. Built-up handles on utensils

4. Drinking cup

5. Knifork

6. Plate guard

7. Straw

8. Pencil clip for straw

9. Extended handles

10. Elastic utensil holder

VI. Summary and Conclusion

A. Review Key Points.

B. Discuss Interaction Items.

C. Study Handout.

LESSON PLAN: 16

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: SERVING, FEEDING, MONITORING

INTERACTION ITEMS:

1. What should be done to prepare patient for mealtime?
2. What should be done to prepare patient's surroundings at mealtime?
3. What are some special considerations when serving the patient's food?
4. What are some key points in feeding the patient?
5. What does after meal care entail?
6. What are some special problems in serving and feeding blind patients? Paralyzed patients?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Students practice feeding each other, the "patient" pretends to be:
    a. helpless (use bulb syringe)
    b. blind
    c. arthritic
2. Dicuss Handout #1 and "create" more helpful devices.

LESSON PLAN: 16

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: SERVING, FEEDING, MONITORING

Evaluation Items:

True/False

In the space provided, place a "T" if the statement is true or an "F" if the statement is false.

_____ 1. When helping patient prepare for mealtime, offer bedpan or urinal or assist patient to bathroom.

_____ 2. Before serving the meal, it is important to be sure patient is clean and comfortable.

_____ 3. As long as good food is served, it is not important what sights or sounds surround the patient.

_____ 4. All food served to the patient should be lukewarm.

_____ 5. A person who is not feeling well may be more motivated to eat if the food is served attractively as possible.

_____ 6. When feeding a patient, the fork or spoon should always be filled completely.

_____ 7. Always feed the patient all of one type of food on the plate before progressing to the next.

_____ 8. A blind patient's plate may be described by comparing locations of food with times on a clock face.

_____ 9. Always feed patients--never let them feed themselves.

_____ 10. Adaptive devices for handicapped patients must be commercially produced in order to be usable.

11. List three examples of adaptive devices.

 1.

 2.

 3.

12. Why syringe feeding, food should be ____________ or ____________ in form.

13. If a patient is paralyzed, food should be put into the mouth on the side ____________.

14. When feeding a patient, gently touch the ____________, then ___________ lip to gently signal that you are ready for the next bite.

15. With all patients, encourage ____________.

LESSON PLAN: 16

COURSE TITLE: HOME HEALTH AIDE

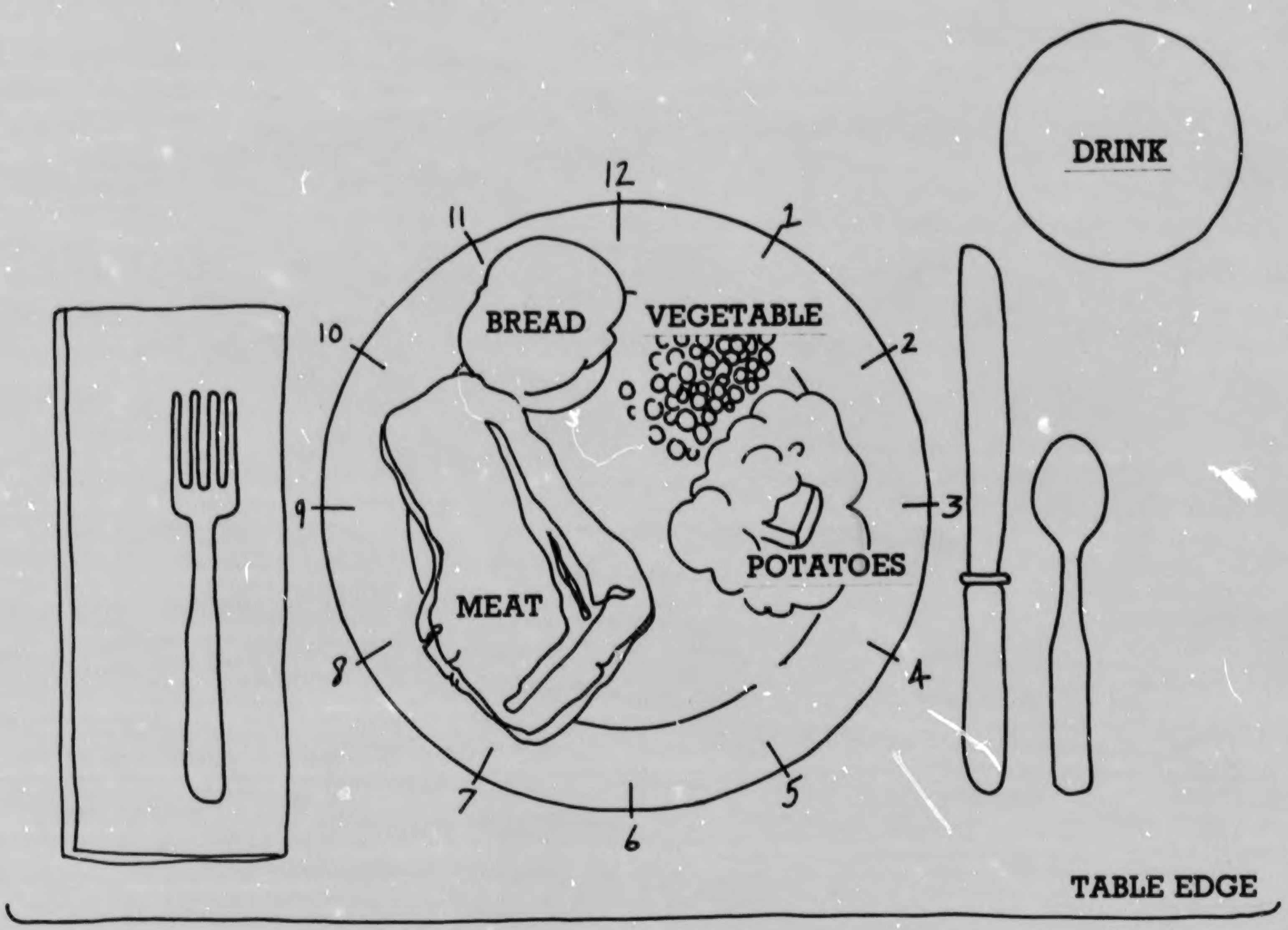
UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: SERVING, FEEDING, MONITORING

Answers to Evaluation Items:

1. T
√ 2. [illegible] T
3. F
4. F
5. T
6. F
7. F
8. T
9. F
10. F
11. See Outline V-D.
12. liquid, semi-liquid
13. not paralyzed
14. lower, upper
15. independence

Plate for the Blind Patient


DRINK
12
1
2
3
4
5
6
7
8
9
10
11
BREAD
VEGETABLE
POTATOES
MEAT
TABLE EDGE

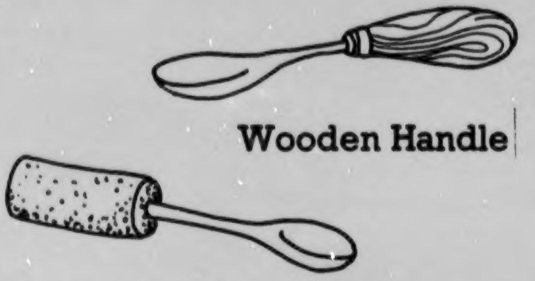
Handout 1

319

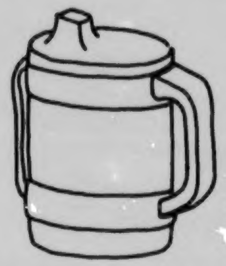
320

Adaptive Equipment

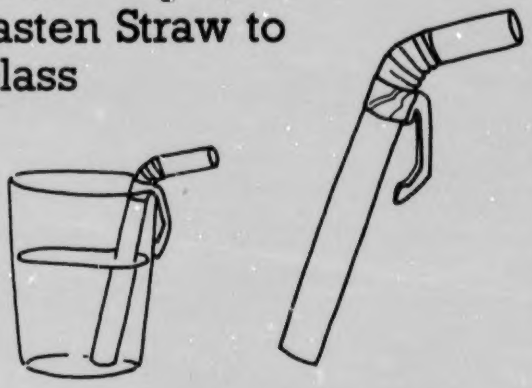
Built-up Handles



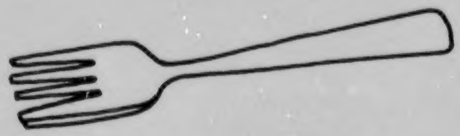
Drinking Cup



Pencil-clip to Fasten Straw to Glass

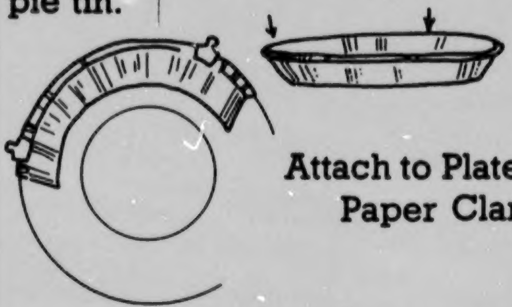


Cutter Fork (knifork)



Rim on Plate

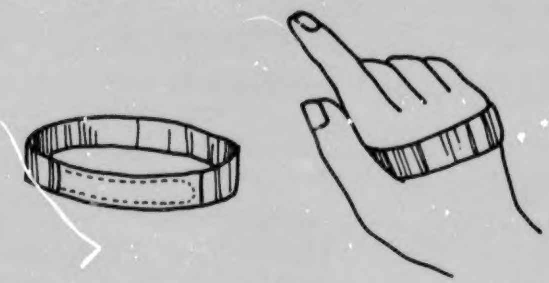
One-third section of disposable pie tin.



Attach to Plate by Paper Clamps

Spilling food is prevented. The rim provides a surface to assist in filling the fork or spoon.

Elastic Holder



Measure ¾" elastic to fit snugly around the hand. Stitch a 3" section of soft leather to the elastic-making a snug pocket. Leave one end open. Insert fork or spoon in open end.

LESSON PLAN: 17

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: This unit presents the skills required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help to clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: OBSERVE, MEASURE, AND RECORD FLUID INTAKE AND OUTPUT

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. State the importance of fluids.
2. List three ways of administering fluids.
3. List four ways fluid is lost.
4. List four symptoms of dehydration.
5. Define the importance in measurement of oral intake.
6. List four fluids which must be measured for accurate oral intake.
7. Measure fluids accurately.
8. Relate measurement equivalents and abbrevations.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Graduate measure
2. Intake and output sheet
3. Handout #1: Graduate Measure
4. Handout #2: Fluid Intake and Output Record
5. Handout #3: Measuring and Recording Fluid Intake and Output

INFORMATIONAL ASSIGNMENT: (Student)

1. Handout #1: Graduate Measure
2. Handout #2: Fluid Intake and Output Record
3. Handout #3: Measuring and Recording Fluid Intake and Output

REFERENCES: (Instructor's Additional Information)

Brummer, Lilliam S. and Suddarth, Doris S. Lippincott Manual of Nursing Practice. Philadelphia: J.B. Lippincott Co., 1974.

INTRODUCTION: Since our body is 60% water, this liquid is vital to life. In order to help you meet the needs of your patients, we will be discussing what to observe, how to measure, and how to record the intake and output fluids of your patients.

LESSON PLAN: 17

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: OBSERVE, MEASURE, AND RECORD FLUID INTAKE AND OUTPUT

OUTLINE: (Key Points)

I. Importance of Fluids
   A. Sixty percent body weight is fluid.
   B. Vital to all body functions
   C. Water intake is balanced by water loss.
   D. Care needed to keep balance in elderly and ill
   E. Necessary for electrolyte balance

II. Ways of administering fluids
   A. Oral
   B. Intravenous
   C. Hypodermoclysis

III. Ways fluid lost
   A. Urination
   B. Defecation
   C. Perspiration
   D. Respiration
   E. Vomiting
   F. Hemorrhage
   G. Drainage from wounds
   H. Extensive burns

IV. Symptoms of dehydration
   A. Thirst
   B. Dry skin and mucus membranes

C. Constipation

D. Little or no urination

E. Fall in blood pressure

F. Weak, rapid pulse

G. Elevated temperature

H. Loss of tissue elasticity

V. Measurement of oral intake

A. Average oral intake for an adult is 2000 to 3000 cc of fluid per day (approximately two to three quarts).

B. Physician may restrict or encourage fluid intake; it is the aide's responsibility to know which has been ordered.

C. When intake and output is ordered, accuracy is very important; the patient and his family or caretaker should be informed of the procedure.

VI. Fluids which must be measured for oral intake

A. Water

B. Coffee

C. Tea

D. Gelatin

E. Ice cream; milk shakes

F. Shorbet

G. Carbonated beverages

H. Milk

I. Juices

J. Broth

K. Cream

L. Ice chips

VII. Measuring intake and output

A. Keep accurate records. Usually a paper and pencil are kept at the patient's bedside to record intake and output. Involve patient in keeping this record, if he/she's able. ✓

B. Intake and output are totaled and recorded at the end of each twenty-four hour period.

C. Request patient, family, and/or caretaker to check food servings before and after eating to determine intake according to aide assignment sheet.

D. If a bedside water pitcher is maintained, measure water left in it before emptying to determine amount taken.

E. Measure urinary output accurately each time bedpan or urinal is emptied. Instruct family or caretaker in procedure.

F. Measure and record any other body discharges such as vomiting, diarrhea, or in suction apparatus and drainage on dressings; mention diaphoresis (extreme sweating) on intake and output record if patient perspires profusely.

G. Be sure patient and family or caretaker are aware intake and output are being measured; enlist their cooperation and advise them in proper methods.

VIII. Measurement equivalents and abbreviations

A. One dessert spoon = 10 milliliters (10 cc)

B. 8 tsp/2 Tbsp./1 oz. = 30 milliliters (30 cc)

C. 4 oz. juice glass = 120 milliliters (120 cc)

D. 16 Tbsp/8 oz./1 cup/c. = 240 milliliters (240 cc)

E. 2 cups/1 pint/pt. = 500 milliliters (500 cc)

F. 4 cups/2 pints/1 quart/qt. = 1000 milliliters (1000 cc)

G. 1 gallon/gal = 4000 milliliters (4000 cc)

IX. Summary and Conclusion

1. Review Key Points.

2. Discuss Interaction Items.

LESSON PLAN: 17

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: OBSERVE, MEASURE, AND RECORD FLUID INTAKE AND OUTPUT

INTERACTION ITEMS:

1. What is meant by dehydration?
2. What fluids need to be recorded at oral intake?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Practice measuring different amounts of fluid.
2. Practice filling out Handout Sheets using Handout #2 and Handout #3.

LESSON PLAN: 17

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: OBSERVE, MEASURE, AND RECORD FLUID INTAKE AND OUTPUT

Evaluation Items:

1. List four symptoms of dehydration.

    1.

    2.

    3.

    4.

2. List four fluids which should be measured for accurate fluid intake.

    1.

    2.

    3.

    4.

True/False

In the space provided, place a "T" if the statement is true or an "F" if the statement is false.

______ 3. If patient is able, he/she should be encouraged to help with intake/output recording.

______ 4. Body discharges such as vomiting, drainage or dressings and diaphoresis should be measured and recorded on intake and output record.

______ 5. Input and output are totaled and recorded at the end of each week.

______ 6. One gallon = 2000 milliliters (2000 cc)

Matching

Match measurement equivalents and abbreviations. Place the letter of response in the space provided.

_____ 7. One dessert spoon
_____ 8. 8 tsp/2 Tbsp/1 oz
_____ 9. 4 oz juice glass
_____ 10. 16 Tbsp/8 oz/1 cup/c.
_____ 11. 2 cups/1 pint/pt
_____ 12. 4 c/2 pt/1 quart/qt
_____ 13. 1 gallon/gal.

a. 10 milliliters (10 cc)
b. 1000 milliliters (1000 cc)
c. 240 milliliters (240 cc)
d. 120 milliliters (120 cc)
e. 4000 milliliters (4000 cc)
f. 500 milliliters (500 cc)
g. 30 milliliters (30 cc)

LESSON PLAN: 17

COURSE TITLE: HOME HEALTH AIDE

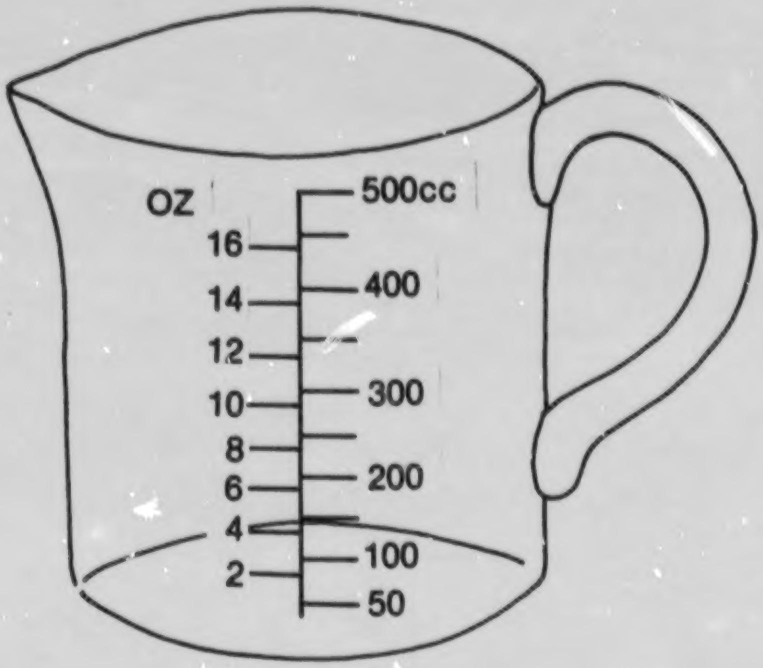
UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: OBSERVE, MEASURE, AND RECORD FLUID INTAKE AND OUTPUT

Answers to Evaluation Items:

1. See Outline IV.
2. See Outline VI.
3. T
4. T
5. F
6. F
7. a
8. g
9. d
10. c
11. f
12. b
13. e

Graduate Measures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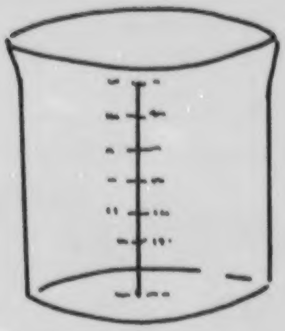
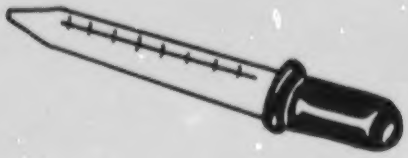
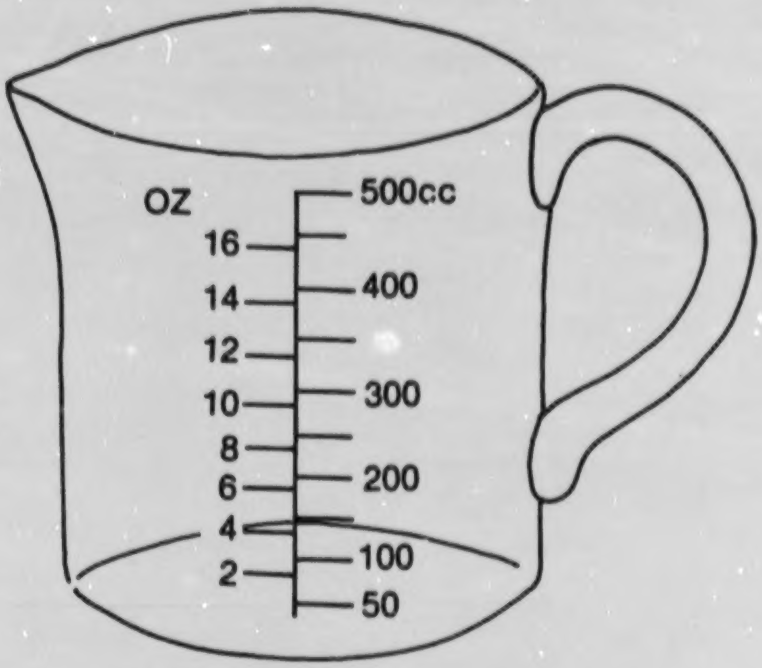




Handout 1

An Exercise in Graduate Measures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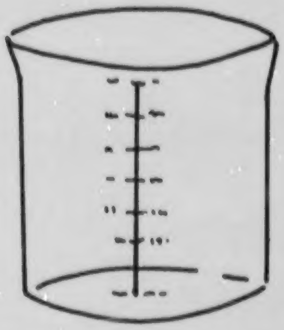

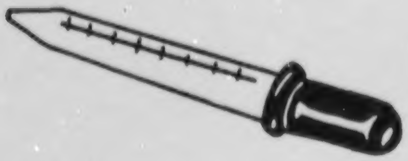

Handout 2

Sample Fluid Intake and Output Record

FLUID INTAKE & OUTPUT RECORD

Name ______________________________

<table>
<tr><th colspan="5">INTAKE</th><th colspan="4">OUTPUT</th></tr>
<tr><th rowspan="2">Date</th><th rowspan="2">Time</th><th rowspan="2">Meth./ Admin.</th><th rowspan="2">Solution</th><th rowspan="2">Amt. Rec'd</th><th rowspan="2">Time</th><th rowspan="2">Urine Amt.</th><th colspan="2">OTHERS</th></tr>
<tr><th>Kind</th><th>Amt</th></tr>
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<tr><td colspan="5">TOTAL</td><td colspan="4">TOTAL</td></tr>
</table>

Handout 3

An Exercise in Sample Fluid Intake and Output Record

FLUID INTAKE & OUTPUT RECORD

Name ______________________________

INTAKE					OUTPUT			
Date	Time	Meth./ Admin.	Solution	Amt. Rec'd	Time	Urine Amt.	OTHERS	
							Kind	Amt.
TOTAL					TOTAL			

LESSON PLAN: 18

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: This unit presents the skills required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help to clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: ELIMINATION

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. List three reasons for proper elimination.
2. List four factors which block elimination.
3. Identify home health aide's responsibility related to urination and defecation.
4. Identify home health aide's measures to aid elimination.
5. List three conditions that threaten the normal elimination of stool.
6. List two conditions that threaten the normal elimination of urine.
7. Identify three characteristics to observe about the elimination of stool.
8. Identify two characteristics to identify about the elimination of urine.
9. List one aid for the elimination of stool
10. List one aid for the elimination of urine.
11. Relate the psychological aspects of elimination.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Indwelling catheter
2. External catheter

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Brunner, Lillian S. and Suddarth, Doris S. Lippincott Manual of Nursing Practice. Philadelphia: J.B. Lippincott Co., 1974.

INTRODUCTION: Elimination is one of our basic body functions. We do not live long if we cannot urinate or defecate. Many patients have problems with these functions due either to disease or to aging. In this lesson, we will discuss what elimination is and some of the home health aide's reponsibilities for elimination.

LESSON PLAN: 18

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: ELIMINATION

OUTLINE: (Key Points)

I. Reasons for Proper Elimination
  A. Important for good health
  B. Prevents disease and infection
  C. The urinary and digestive systems can stop working if not used and cared for.

II. Factors Which Block Elimination
  A. Lack of privacy
  B. Lack of mobility
  C. Immobility (as in traction or casts)
  D. Changes in diet
  E. Medications
  F. Fluid intake
  G. Prolonged periods in recumbent position
  H. Weakness due to illness or surgery
  I. Psychological or emotional stress

III. The Home Health Aide's Responsibilities Related to Urination and Defecation
  A. Provide privacy for patient during elimination.
  B. Instruct patient's family or caretaker to assist patient with daily elimination needs.
  C. Teach patient's family or caretakers to provide opportunity for elimination at regular intervals to prevent bladder distention and constipation.
  D. Teach patient's family or caretaker to establish a routine in an effort to control incontinence.

E. Assist with and teach family or caretaker in recording patient's intake and output.

F. Observe and report abnormalities in urine or feces.

G. Collect urine or feces for laboratory examination.

H. Assist in determining if elimination is adequate.

IV. Measures the Home Health Aide can Take to Aid Elimination

A. Assure patient of absolute privacy.

B. Proper positioning of patient on bedpan, commode, or toilet stool

C. Teach family or caretaker to offer bedpan at regular intervals.

D. Remind family or caretaker of importance in providing bedpan to patient promptly when requested.

E. Encourage adequate fluid intake.

F. Encourage patient to eat a well-balanced diet.

G. Encourage patient to move around and exercise as much as possible.

H. Assist patient to use commode or toilet if able. Be sure family members or caretakers are familiar with patient's needs for assistance.

I. Administer enemas or suppositories as prescribed by physician.

V. Conditions That Threaten Normal Elimination

A. Stool

1. Diarrhea
2. Constipation
3. Impaction
4. Abdominal distention
5. Hernia
6. Hemorrhoids
7. Bowel obstruction

B. Urine

1. Kidney infection

2. Kidney failure

3. Urinary retention

4. Bladder infection

5. Incontinence

VI. Characteristics to Observe About Elimination

A. Stool

1. Number of movements per day

2. Consistency, shape, color, and odor

3. Presence of any unusual matter such as blood or mucus

4. Expulsion of flatus

5. Symptoms of pain, abdominal distention, or cramping

B. Urine

1. Amount of urine

2. Frequency, urgency, discomfort, or pain

3. Color and transparency of urine

4. Unusual odor of urine

VII. Aids to Elimination

A. Stool

1. Laxatives

2. Suppositories

3. Enemas

a. Cleansing or soapsuds

b. Fleets

c. Tap water

B. Urine

1. Indwelling catheter

2. Triggering mechanisms (running water, tickling inner thigh, etc.)

VIII. Psychological Aspects of Elimination

- A. Embarrassment
- B. Psychological feelings from early training
- C. Unpleasant process
- D. Incontinence as an "attention getter"

IX. Summary and Conclusions

- A. Revies Key Points.
- B. Discuss Interaction Items.

LESSON PLAN: 18

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: ELIMINATION

INTERACTION ITEMS:

1. What are some of the reasons for proper elimination?
2. What would hinder a patient from eliminating?
3. What are some disease conditions or other factors which would hinder a patient from proper stool elimination?
4. What would be something which would hinder a patient from eliminating urine properly?
5. What should you observe about patient's stool?
6. What should you observe about patient's urine?
7. What can you do to stimulate elimination?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Discuss interaction items.
2. Discuss feelings about urination and defecation. Have students who have had to have their elimination needs taken care of by someone else tell of their feelings.

LESSON PLAN: 18

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: ELIMINATION

Evaluation items:

1. List four factors which block elimination.

    1.

    2.

    3.

    4.

2. List three conditions which threaten the normal elimination of stool.

    1.

    2.

    3.

3. List three conditions which threaten the normal elimination of urine.

    1.

    2.

    3.

4. List three observations which should be noted about the patient's elimination of stool.

1.

2.

3.

5. List two observations which should be noted about the patient's elimination of urine.

1.

2.

6. Name one aid for the elimination of stool.

1.

7. Name one aid for the elimination of urine.

1.

Matching

Match four factors to each appropriate heading.

8. The home health aide's responsibilities in patient's elimination.

1. ______
2. ______
3. ______
4. ______

9. Measures the home health aide can take to aid elimination.

1. ______
2. ______
3. ______
4. ______

a. Position patient properly on bedpan, ~~bedpan,~~ commode or toilet stool.
b. Collect urine or feces for laboratory examination.
c. Encourage adequate fluid intake.
d. Encourage patient to move around and exercise as much as possible.
e. Observe and report abnormalities in urine or feces.
f. Reinforce instructions to patient's family or caretaker to establish a routine in an effort to control incontinence.
g. Administer enemas or suppositories as prescribed by physician and instructed on assignment sheet.
h. Assure patient of absolute privacy.

LESSON PLAN: 18

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: ELIMINATION

Answers to Evaluation Items:

1. See Outline II-A 1.
2. See Outline V-A 1 to 7.
3. See Outline V-B 1 to 5.
4. See Outline VI-A 1 to 5.
5. See Outline VI-B 1 to 4.
6. Laxatives, suppositories, stool softeners, enemas
7. Indwelling catheter, triggering mechanisms
8. a, b, e, f
9. c, d, g, h

LESSON PLAN: 19

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: This unit presents the skill required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help to clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: GIVE AND REMOVE BEDPAN/URINAL

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Give and remove a bedpan or urinal according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Bedpan
2. Bedpan cover
3. Urinal
4. Urinal cover

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Cooley, Donald G., Ed. Family Medical Guide. New York: Meredith Press, 1966.

Rapier, Dorothy Kelley, et al. Practical Nursing, 4th ed. St. Louis: C.V. Mosby Co., 1970.

INTRODUCTION: If a patient is unable to get out of bed to go to the bathroom or use a portable commode, he must use a urinal or bedpan. In this lesson you will learn how to give and remove a bedpan and a urinal, while providing privacy and comfort for your patient.

LESSON PLAN: 19

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: GIVE AND REMOVE BEDPAN/URINAL

STEPS OF PROCEDURE:

A. Procedure for Use of Bedpan

1. If metal bedpan, warm it with warm water; dry.
2. Explain procedure to patient.
3. Provide adequate privacy.
4. Add extra protection to the bed -- place an extra cloth or newspaper under patient's hips.
5. If there are no open sores or dressings, talcum powder or cornstarch may be sprinkled on seat of bedpan to make it easier for patient to get on and off. A thin person may wish some padding (such as a soft folded cloth or sanitary pad).
6. Fold top bedding aside to prevent accidental soiling. Partially drape sheet or blanket to prevent chilling patient and to provide privacy.
7. Place bedpan on bed near patient's hips, open end of bedpan toward foot of bed.
8. Ask patient to raise hips by pressing his/her feet down on mattress. Assist if necessary by putting one hand under small of patient's back as he/she pushes up with his/her hands and heels. Pull gown up or pajamas down. Place bedpan under patient's hips.
9. If patient is helpless, turn patient on side. Place bedpan firmly against buttocks. Roll patient onto bedpad. May be helpful to raise head of bed if possible and if allowable.
10. Provide toilet paper and a call signal. If it is safe to do so, leave the room to allow patient privacy. Remind female patients to wipe from front to back to avoid spreading germs to the vagina and bladder.
11. Have patient push down with heels and hands (assist if necessary) as bedpan is removed. (For a helpless patient, hold bedpan with one hand and gently roll patient off bedpan with other hand.)
12. Remove the extra bed protection. Cover the bedpan and take it to the bathroom.

13. Help patient to wash his/her hands.

14. Check the contents of the bedpan.

15. Clean bedpan, cover, and replace in storage area.

    a. Rinse first in cold water to prevent coagulation of proteins.

    b. Wash with warm water and soap.

    c. Dry

16. Wash hands.

17. Record observations and time of elimination on care plan.

B. Procedure for Use of Urinal:

1. Explain procedure to patient.

2. Provide adequate privacy.

3. Protect bedding with extra cloth or newspaper under hips.

4. Give patient urinal. If he is helpless, assist him to place it between his legs to collect urine.

5. Replace top bedding. If it is safe to do so, provide additional privacy by providing patient with a call signal and leaving room.

6. Retrieve urinal. Remove extra protector from bed.

7. Cover urinal and take to bathroom. Measure urine if orders call for it.

8. Rinse urinal, then wash with soap and water. Cover and replace in proper storage area.

9. Wash hands.

10. Record amount (if applicable), observations, and time or urination.

SUMMARY AND CONCLUSIONS:

A. Review Steps of Procedure.

B. Discuss Interaction Items.

LESSON PLAN: 19

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: GIVE AND REMOVE BEDPAN/URINAL

INTERACTION ITEMS:

1. What instructions do you give to the patient for getting on the bedpan?
2. How do you assist the patient who is unable to get on the bedpan?
3. How do you get a helpless patient on/off a bedpan?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Instructor demonstrates giving and removing bedpan.
2. Instructor demonstrates giving and removing bedpan for helpless patient.
3. Instructor demonstrates giving and removing urinal.
4. Instructor demonstrates giving and removing urinal for helpless patient.
5. Students practice #1, 2, 3, 4.

LESSON PLAN: 19

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: GIVE AND REMOVE BEDPAN/URINAL

Evaluation Items:

Did the student:	Yes	No
A. Procedure for Use of Bedpan		
1. If metal bedpan, warm it with warm water; dry.		
2. Explain procedure to patient.		
3. Provide adequate privacy.		
4. Add extra protection to the bed -- place an extra cloth or newspaper under patient's hips.		
5. If there are no open sores or dressings, talcum powder or cornstarch may be sprinkled on seat of bedpan to make it easier for patient to get on and off. A thin person may wish some padding (such as a soft folded cloth or sanitary pad).		
6. Fold top bedding aside to prevent accidental soiling. Partially drape sheet or blanket to prevent chilling patient and to provide privacy.		
7. Place bedpan on bed near patient's hips, open end of bedpan toward foot of bed.		
8. Ask patient to raise hips by pressing his/her feet down on mattress. Assist if necessary by putting one hand under small of patient's back as he/she pushes up with his/her hands and heels. Pull gown up or pajamas down. Place bedpan under patient's hips.		
9. If patient is helpless, turn patient on side. Place bedpan firmly against buttocks. Roll patient onto bedpad. May be helpful to raise head of bed if possible and if allowable.		
10. Provide toilet paper and a call signal. If it is safe to do so, leave the room to allow patient privacy. Remind female patients to wipe from front to back to avoid spreading germs to the vagina and bladder.		

11. Have patient push down with heels and hands (assist if necessary) as bedpan is removed. (For a helpless patient, hold bedpan with one hand and gently roll patient off bedpan with other hand.)

12. Remove the extra bed protection. Cover the bedpan and take it to the bathroom.

13. Help patient to wash his/her hands.

14. Check the contents of the bedpan.

15. Clean bedpan, cover, and replace in storage area.

    a. Rinse first in cold water to prevent coagulation of proteins.

    b. Wash with warm water and soap.

    c. Dry.

16. Wash hands.

17. Record observations and time of elimination on care plan.

B. Procedure for Use of Urinal:

1. Explain procedure to patient.

2. Provide adequate privacy.

3. Protect bedding with extra cloth or newspaper under hips.

4. Give patient urinal. If he is helpless, assist him to place it between his legs to collect urine.

5. Replace top bedding. If it is safe to do so, provide additional privacy by providing patient with a call signal and leaving room.

6. Retrieve urinal. Remove extra protector from bed.

7. Cover urinal and take to bathroom. Measure urine if orders call for it.

8. Rinse urinal, then wash with soap and water. Cover and replace in proper storage area.

9. Wash hands.

10. Record amount (if applicable), observations, and time of urination.

Comments:

LESSON PLAN: 20

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: The unit presents the skill required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help to clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: GIVE ENEMA

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Administer an enema according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Tray
2. Enema bucket
3. Solution
4. Bedpan
5. Protective pad
6. Lubricant
7. Stand for enema bucket
8. Cover
9. Fleets enema
10. Handout #1: Enema Equipment
11. Handout #2: Administration of Enema

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Brunner, Lillian S. and Suddarth, Doris S. Lippincott Manual of Nursing Practice. Philadelphia: J.B. Lippincott Co., 1974.

Cooley, Donald G., Ed. Family Medical Guide. New York: Meredith Press, 1966.

Mayes, Mary E. Abdallah's Nurse's Aide Study Manual. Philadelphia: W.B. Saunders Co., 1970.

INTRODUCTION: Some patients cannot eliminate fecal material in a natural manner due to disease process, lack of roughage in diet, or lack of exercise and need some help. We provide that help by giving enemas. We can assist the patient by administering cleansing enemas, lubricating enemas, or stimulant enemas. This lesson shows you how to set up and administer a bucket type enema. If you are giving a prepackaged enema, follow the directions on the package.

LESSON PLAN: 20

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: GIVE ENEMA

STEPS OF PROCEDURE:

1. Wash hands.
2. Explain procedure to patient.
3. Provide for patient privacy in a warm, draft-free room.
4. Assemble equipment at bedside; small pieces of equipment on tray, bedpan at foot of bed.
5. Fill bucket with solution. Solution should be between 100° and 105°F.
6. Place protective pad beneath patient's buttocks.
7. Turn patient onto left side.
8. Lubricate two to three inches of tube. Stroke toward end to avoid filling opening in tube.
9. Expel air from tubing, allowing small amount of solution to flow into bedpan. Reclamp.
10. Raise upper buttock, exposing rectal opening.
11. Rotating tip slowly, gently insert tubing about four inches (adult), just beyond internal sphincter.
12. Release clamp from tubing and hold bucket about ~~eighteen~~ 18 inches above patient.
13. Allow solution to run in slowly.
14. Stop solution flow for a short while if patient complains of cramping.
15. Administer as much solution as patient is able to hold, but not more than one quart.
16. Reclamp tube and remove tube from rectum.
17. Request patient to retain solution as long as possible.
18. Assist patient on to bedpan; provide with toilet tissue. Allow for privacy but check on patient as often as necessary according to his/her condition.

19. Remove bedpan and observe contents.

20. Clean patient with wet, warm washcloth.

21. Clean and store equipment. Empty and clean bedpan.

22. Wash hands.

23. Assist patient to comfortable position.

24. Record results of enema. Report any unusual observations to supervisor.

SUMMARY AND CONCLUSION:

1. Review Steps of Procedure.

2. Discuss Interaction Items.

LESSON PLAN: 20

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: GIVE ENEMA

INTERACTION ITEMS:

1. What should be the temperature of the enema solution and why?
2. What protects the bed during the enema procedure?
3. What should you do if the patient complains of pain or cramping during the enema?
4. How much solution should be given?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Practice setting up equipment in lab.
2. View filmstrip "Cleansing Enema" (Trainex Long-Term Care Series).

LESSON PLAN: 20

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: GIVE ENEMA

Evaluation Items:

	Did the student:	Yes	No
1.	Wash hands.		
2.	Explain procedure to patient.		
3.	Provide for patient privacy in a warm, draft-free room.		
4.	Assemble equipment at bedside; small pieces of equipment on tray, bedpan at foot of bed.		
5.	Fill bucket with solution. Solution should be between 100° and 105°F.		
6.	Place protective pad beneath patient's buttocks.		
7.	Turn patient onto left side.		
8.	Lubricate two to three inches of tube. Stroke toward end to avoid filling opening in tube.		
9.	Expel air from tubing, allowing small amount of solution to flow into bedpan. Reclamp.		
10.	Raise upper buttock, exposing rectal opening.		
11.	Rotating tip slowly, gently insert tubing about four inches (adult), just beyond internal sphincter.		
12.	Release clamp from tubing and hold bucket about eighteen inches above patient.		
13.	Allow solution to run in slowly.		
14.	Stop solution flow for a short while if patient complains of cramping.		
15.	Administer as much solution as patient is able to hold, but not more than one quart.		
16.	Reclamp tube and remove tube from rectum.		

17. Request patient to retain solution as long as possible. ______ ______

18. Assist patient on to bedpan; provide with toilet tissue. Allow for privacy but check on patient as often as necessary according to his condition. ______ ______

19. Remove bedpan and observe contents. ______ ______

20. Clean patient with wet, warm washcloth. ______ ______

21. Clean and store equipment. Empty and clean bedpan. ______ ______

22. Wash hands. ______ ______

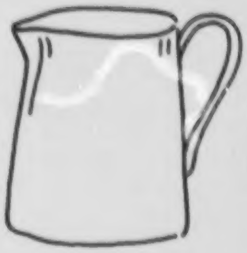
23. Assist patient to comfortable position. ______ ______

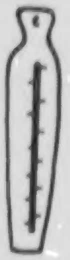
24. Record results of enema. Report any unusual observations to supervisor. ______ ______

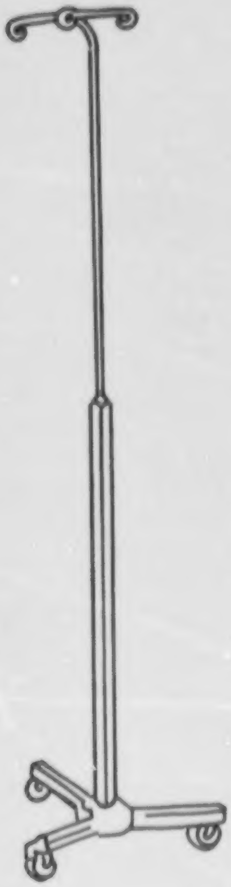
Comments:

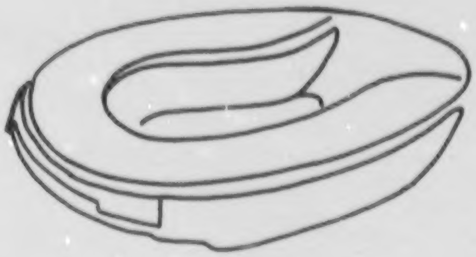
Handout 1

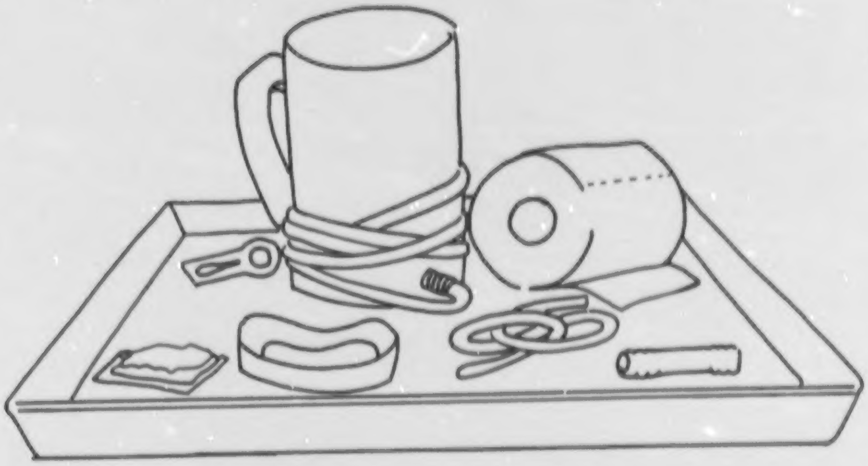
Enema Equipment



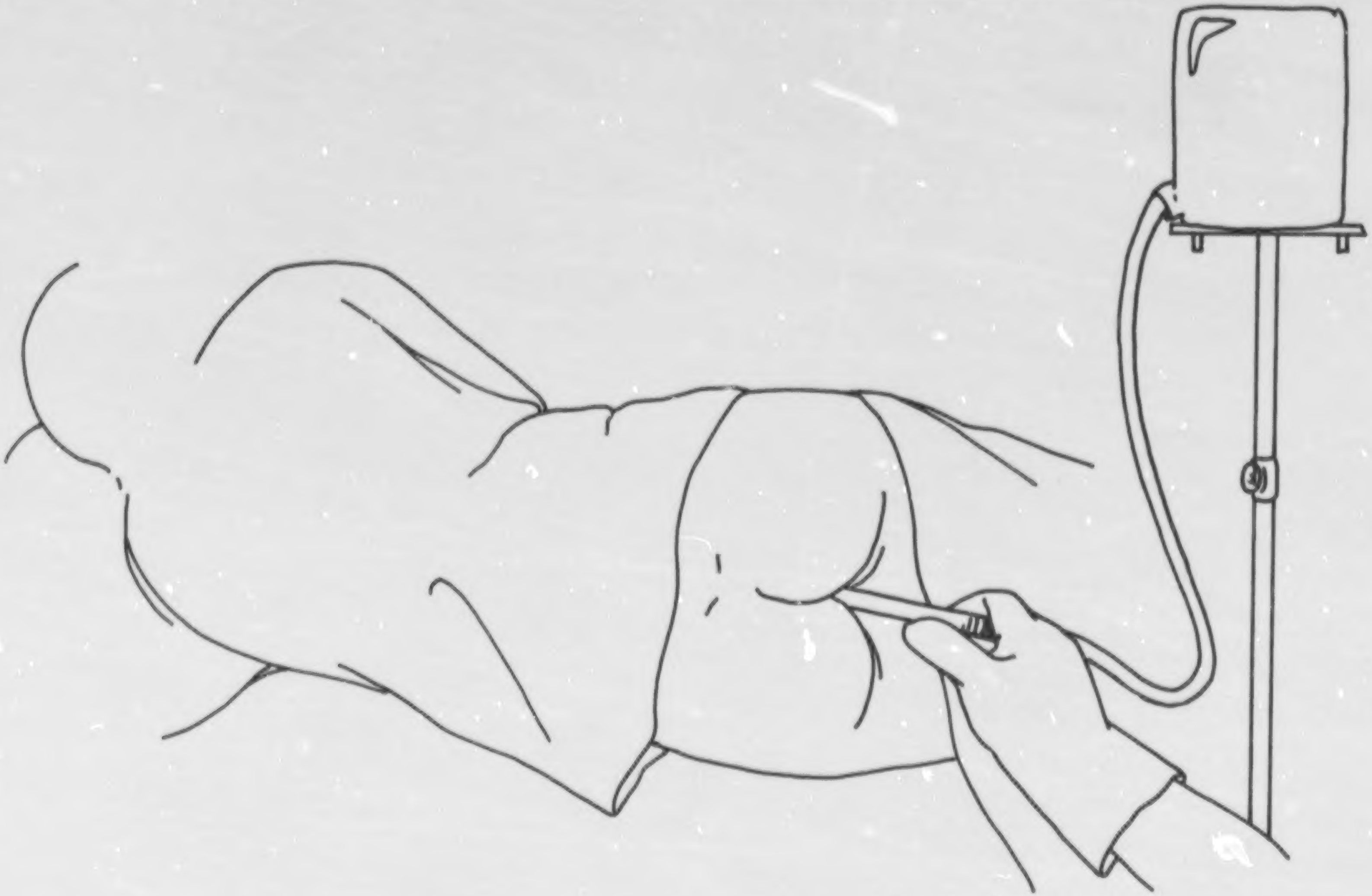








Administration of an Enema



To have an enema administered, the patient lies on the left side.

Handout 2

LESSON PLAN: 21

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: This unit presents the skill required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help to clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: APPLY INCONTINENCE BRIEF

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Apply incontinence brief according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Incontinence brief
2. Disposable liner for brief
3. Paper bag
4. Washcloth
5. Towels
6. Soap and water
7. Bath blanket or sheet
8. Bedpan

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

INTRODUCTION: Many patients have some degree of bowel or bladder incontinence. Loss of muscle tone, injuries, or paralysis may cause a loss of control over the patient's elimination faculties. Incontinent briefs are helpful in keeping the bed and the patient cleaner. Cleanliness and prompt attention to removing soiled pads help to eliminate odor and irritation. The home health aide should remember that most patients are aware of and embarrassed by their incontinence; treat any incidents with as little fuss as possible so that the patient can maintain his/her self-respect and dignity.

LESSON PLAN: 21

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: APPLY INCONTINENCE BRIEF

STEPS OF PROCEDURE:

1. Wash hands.
2. Bring equipment to bedside.
3. Explain procedure to patient.
4. Provide adequate privacy and warm, draft-free area.
5. Cover patient with bath blanket or extra sheet. Reach under bath blanket to grasp bed sheet and pull it down to patient's knees.
6. Adjust gown or pajamas as needed.
7. Spread towel beneath patient's buttocks. Remove incontinence brief; discard soiled liner into bag.
8. Offer bedpan.
9. Wash patient's perineal area with soap and warm water; rinse; pat dry.
10. Put fresh liner in place.
11. Lift patient's buttocks and slide back of brief beneath buttocks. Pull front portion of brief into place and snap. Adjust as necessary.
12. Straighten pajamas or gown.
13. Pull bed sheet into place; remove bath blanket. Make patient comfortable.
14. Dispose of soiled liner; place other items in appropriate areas.
15. Wash hands.
16. Note any unusual observations and report to your supervisor.

SUMMARY AND CONCLUSION:

1. Review Steps of Procedure.
2. Discuss Interaction Items.

LESSON PLAN: 21

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: APPLY INCONTINENCE BRIEF

INTERACTION ITEMS:

1. How is sheet pulled down while patient's upper body is kept covered? ✓
2. Where is soiled liner put?
3. What are the causes of incontinence?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Instructor demonstrates applying incontinence brief.
2. Students practice.

LESSON PLAN: 21

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: APPLY INCONTINENCE BRIEF

Evaluation Items:

Did the student: Yes No

1. Wash hands. ______ ______
2. Bring equipment to bedside. ______ ______
3. Explain procedure to patient. ______ ______
4. Provide adequate privacy and warm, draft-free area. ______ ______
5. Cover patient with bath blanket or extra sheet. Reach under bath blanket to grasp bed sheet and pull it down to patient's knees. ______ ______
6. Adjust gown or pajamas as needed. ______ ______
7. Spread towel beneath patient's buttocks. Remove incontinence brief; discard soiled liner into bag. ______ ______
8. Offer bedpan. ______ ______
9. Wash patient's perineal area with soap and warm water; rinse; pat dry. ______ ______
10. Put fresh liner in place. ______ ______
11. Lift patient's buttocks and slide back of brief beneath buttocks. Pull front portion of brief into place and snap. Adjust as necessary. ______ ______
12. Straighten pajamas or gown. ______ ______
13. Pull bed sheet into place; remove bath blanket. Make patient comfortable. ______ ______
14. Dispose of soiled liner; place other items in appropriate areas. ______ ______
15. Wash hands. ______ ______
16. Note any unusual observations and report to your supervisor. ______ ______

Comments:

LESSON PLAN: 22

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: This unit presents the skill required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help to clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: GIVE CATHETER CARE

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Give catheter care according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Warm water
2. Washcloth
3. Mild soap
4. Bath towel
5. Bath blanket
6. Gloves (if infection is present)

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Brunner, Lillian S. and Suddarth, Doris S. Lippincott Manual of Nursing Practice. Philadaphia: J.B. Lippincott Co., 1974.

INTRODUCTION: Catheters are attached to tubing and must be taped loosely to the inner side of the patient's thigh. There should never be any pull on a catheter. The catheter tubing is attached to a drainage bag, and the bag must always be lower than the patient's urinary bladder. The catheter tubing and bag are a closed system and due to danger of infection, should never be opened. The home health aide is responsible that the catheter is draining properly, for keeping the genitalia clean, and at times for obtaining a urine specimen or recording output. Catheter care, the subject of this lesson, is usually part of the bath procedure.

LESSON PLAN: 22

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: GIVE CATHETER CARE

STEPS OF PROCEDURE:

1. Wash hands.
2. Provide adequate privacy in a warm, draft-free area.
3. Explain procedure to patient.
4. Cover patient with bath blanket. Beneath bath blanket, fanfold top sheet to bottom of bed.
5. Separate labia of female patient. Gently pull back foreskin of male patient if applicable.
6. Wash genital area gently. Cleanse length of catheter from meatus outward four inches.
7. Rinse; pat dry with towel.
8. Cover patient with top sheet; remove bath blanket.
9. Store or discard equipment in proper areas.
10. Wash hands.
11. Be sure to report any unusual observations to your supervisor, as well as including them along with other appropriate notations on chart.

SUMMARY AND CONCLUSIONS:

1. Review Steps of Procedure.
2. Discuss Interaction Items.

LESSON PLAN: 22

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: GIVE CATHETER CARE

INTERACTION ITEMS:

1. What area of the patient's body is cleansed when an indwelling catheter is in place?
2. How much of the catheter is washed?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Instructor demonstrates giving catheter care.
2. Students practice giving catheter care.

LESSON PLAN: 22

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: GIVE CATHETER CARE

Evaluation Items:

Did the student:	Yes	No
1. Wash hands.		
2. Provide adequate privacy in a warm, draft-free area.		
3. Explain procedure to patient.		
4. Cover patient with bath blanket. Beneath bath blanket, fanfold top sheet to bottom of bed.		
5. Separate labia of female patient. Gently pull back foreskin of male patient if applicable.		
6. Wash genital area gently. Cleanse length of catheter from meatus outward four inches.		
7. Rinse; pat dry with towel.		
8. Cover patient with top sheet; remove bath blanket.		
9. Store or discard equipment in proper areas.		
10. Wash hands.		
11. Be sure to report any unusual observations to your supervisor, as well as including them along with other appropriate notations on chart.		

Comments:

LESSON PLAN: 23

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: This unit presents the skill required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help to clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: COLLECT AND TEST FOR SUGAR/ACETONE

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Collect specimen according to steps of procedure.
2. Demonstrate and test for sugar and acetone according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Clean bedpan or urinal
2. Clean bottle or jar for specimen
3. Cap or lid for specimen bottle
4. Label
5. Pencil and paper
6. Types of testing materials; Acetone tablets; Clinistix, Clinitest tablets; Keto-Diastix; and/or Testape
7. Watch with second hand
8. Washcloth
9. Soap
10. Towel

INFORMATIONAL ASSIGNMENT: (Student)

Selected: Appropriate pages

REFERENCE: (Instructor's Additional Information)

Brunner, Lillian S. and Suddarth, Doris S. Lippincott Manual of Nursing Practice. Philadelphia: J.B. Lippincott Co., 1974.

Mayes, Mary E. Abdallah's Nurse's Aide Study Manual. Philadelphia: W.B. Saunders Co., 1970.

INTRODUCTION: The doctor may request a specimen of urine or fecal matter for special testing. In this lesson, you will learn to collect a urine specimen. A urine specimen is usually collected from the first urine voided in the morning; four to six ounces of urine are needed for the specimen. Urine testing for sugar and acetone is done at the time specified by the physician. Your supervisor will give you special instructions if you are to collect a stool specimen. It is very important that you follow instructions carefully when collecting specimens; your care may mean the difference between an accurate test and an inaccurate one.

LESSON PLAN: 23

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: COLLECT AND TEST FOR SUGAR/ACETONE

STEPS OF PROCEDURE:

1. Wash hands.
2. Assemble equipment.
3. Explain procedure to patient.
4. Provide adequate privacy for patient.
5. The genitalia must be washed prior to voiding to help prevent contamination of specimen. Remind female patients to wash from front to back. Assist patient if necessary.
6. Give bedpan or urinal to patient.
7. Take bedpan or urinal to bathroom after patient has used it; put specimen into specimen jar.
8. Follow directions on container for testing sugar and acetone levels. Record readings.
9. If doctor has ordered further laboratory testing of specimen, cap securely and label.
10. Wash hands.

SUMMARY AND CONCLUSION:

1. Review Steps of Procedure.
2. Discuss Interaction Items.

LESSON PLAN: 23

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: COLLECT AND TEST FOR SUGAR/ACETONE

INTERACTION ITEMS:

1. Where should the testing for sugar and acetone be done?
2. In what should the specimens be collected?
3. Where can you find the directions for use of the testing materials?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Instructor shows students proper container for urine specimen and stool specimen.
2. Instructor demonstrates collecting a specimen.
3. Instructor shows students Keto-Diastix, Clinistix, Clinitest tablets, Acetone tablets, and testape.
4. Instructor has students test a sample of coke for sugar and acetone.
5. Have students collect urine specimen to test for sugar and acetone.

LESSON PLAN: 23

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: COLLECT AND TEST FOR SUGAR/ACETONE

Evaluation Items:

Did the student:	Yes	No
1. Wash hands.		
2. Assemble equipment.		
3. Explain procedure to patient.		
4. Provide adequate privacy for patient.		
5. The genitalia must be washed prior to voiding to help prevent contamination of specimen. Remind female patients to wash from front to back. Assist patient if necessary.		
6. Give bedpan or urinal to patient.		
7. Take bedpan or urinal to bathroom after patient has used it; put specimen into specimen jar.		
8. Follow directions on container for testing sugar and acetone levels. Record readings.		
9. If doctor has ordered further laboratory testing of specimen, cap securely and label.		
10. Wash hands.		

Comments:

LESSON PLAN: 24

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: The unit presents the skill required for the hygiene and ✓ grooming of patients by the home health aide. Demonstrations and return demonstrations help clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: VITAL SIGNS

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Define a thermometer.
2. Tell how to read a thermometer correctly.
3. Name location of the mercury in a thermometer.
4. Describe how to shake down the thermometer.
5. Identify three methods of taking a patient's temperature.
6. Identify the part of a degree represented by each mark on a thermometer.
7. Recall how far to shake down a thermometer.
8. Identify the pulse locations of the body.
9. Identify how long to count respirations.
10. Define blood pressure.

↓ movedown

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Thermometers: oral and rectal
2. Disposable thermometer
3. Electronic thermometer
4. Watch with second hand
5. Tissue
6. Water soluble lubricating jelly
7. Sphygmomanometer
8. Stethoscope
9. Handout #1 Common Thermometer
10. Handout #2 Sites For Taking Pulse
11. Handout #3 Instruments for Vital Signs

INFORMATIONAL ASSIGNMENT: (Student)

1. Selected text: Appropriate pages

REFERENCES: (Instructor's Additional Information)

Brunner, Lillian S. and Suddarth, Doris S. Lippincott Manual of Nursing Practice. Philadelphia: J.B. Lippincott Company, 1974.

Mayes, Mary E. A Nurse's Aide Study Manual. Philadelphia: W.B. Saunders Company, 1970.

INTRODUCTION: Vital signs include temperature, pulse, respiration, and blood pressure. The home health aide must know the proper method for monitoring all vital signs; accuracy is of the utmost importance. You will learn about the procedures and required equipment in this lesson; the following lessons will show you how to perform the procedures.

LESSON PLAN: 24

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: VITAL SIGNS

OUTLINE: (Key Points)

I. Thermometer

A. Instrument used to measure the level of a person's budy heat.

B. Hollow tube with two flat surfaces

C. Marks on upper flat surface match with the numbers on the lower surface.

D. One end has a narrow silver bulb.

E. Bulb and center of thermometer contain mercury.

II. Reading a Thermometer

A. Each mark is two-tenths of a degree.

B. Two-tenths can also be written as .2 or 2/10.

C. When recording a temperature, a whole number with two-tenths is written 98.2.

D. A whole number occurs at every fifth mark and represents a whole degree.

E. Fahrenheit reading generally used in United States instead of Centigrade.

III. Locating the Mercury

A. Hold the thermometer at the glass end only - never at the bulb end.

B. Stand with your back to the light.

C. Hold thermometer at eye level and rotate thermometer slightly back and forth until mercury is sighted.

IV. Shaking Down the Thermometer

A. Hold thermometer at glass end.

B. Grasp thermometer securely and firmly with first two fingers and thumb.

C. Be sure area is free of obstacles.

D. Raise hand; move wrist downward with quick snapping movement.

E. Repeat Step D as necessary until mercury reading is 95'F.

V. Three Methods of Taking Patient's Temperature (See Handout #1.)

A. Oral

1. Most common method

2. Patient holds thermometer in mouth for at least three minutes.

3. Never used with confused or unconscious patient or with patient who is unable to keep mouth closed.

B. Rectal

1. Used for unconscious patients, children under five.

2. May be used for critically ill, delirious, depressed, or patients unable to keep mouth closed.

3. Do not take rectal temperature of patients with the following conditions: fecal impaction, diarrhea, acute coronary, a disease of surgery of the rectum, any immunosuppressed patient.

4. Check thermometer before inserting to be sure it is not broken or cracked.

5. Coat bulb end with water-soluble lubricating jelly before insertion.

6. The home health aide should hold thermometer by glass end while temperature is being taken.

7. Patient should not be left alone during procedure.

8. Thermometer is left in place for three - five minutes.

9. Rectal temperature is usually one degree higher than oral temperature.

C. Axillary

1. Used when rectal temperature is not feasible, patient unable to hold mouth closed, or patient has mouth disease

2. Ten minutes should be allowed for temperature to register.

3. Axillary temperature is usually one degree lower than oral temperature

VI. Key Points in Taking a Patient's Temperature

A. Ten minutes should be allowed to elapse after patient has ingested any hot or cold liquids or after smoking.

B. Bulb end of thermometer must be under tongue, in rectum, or under arm.

C. Caution patient not to bite thermometer, espcially if it is made of glass.

D. Patient should be sitting or lying down when temperature is taken.

E. When thermometer is removed, wipe with tissue. After reading and recording temperature, clean thermometer with cool (never warm or hot) water and soap twice, rinsing well each time; dry ✓ with clean tissue and place in case, bulb end first.

VII. Pulse

A. Pulse rate indicates number of times the heart beats in one minute~~s~~.

B. Pulse indicates how well blood is circulating through the body.

C. Pulse rate can be affected by various factors such as excitement, exercise, illness, and fever.

D. To check pulse, fingers must be gently pressed on the artery; do not take pulse with your thumb.

E. Usual site for taking pulse rate is located on thumb side of wrist.

F. Pulse cannot be felt if patient has fist clenched or is gripping anything tightly.

G. If patient is lying down, position arm at his/her side or across his/her chest.

H. Note if beat is regular or irregular.

I. If pulse rate is 60 or less, or 100 or more, report this information to your supervisor immediately; if patient does not have phone, go to neighor or nearby business to use phone.

J. Alternate locations for taking the pulse include ~~are~~ the temporal, carotid, and femoral arteries.

# K. After counting the pulse rate, keep holding patient's hand and count respiration rate also. Then record both findings.

VIII. Respiration

A. One respiration or breath includes breathing in and breathing out.

B. You must be able to see the patient's chest rise and fall in order to count respirations.

C. Always note the strength of each respiration and whether the patient has any difficulty in breathing.

D. Count the patient's respirations for one full minute without the patient being aware that you are doing so (see VII-J above).

E. The normal adult respiration rate is 16 to 20 per minute; child's rate is somewhat faster.

F. Telephone your supervisor immediately if an adult's respiration rate is under 12 or over 22.

IX. Blood Pressure

A. The blood pressure reading measures the force of blood pushing against the walls of the blood vessels.

B. Changes in blood pressure are caused by such things as exercise, emotional stress, aging, illness, and loss of blood.

X. Parts of the Blood Pressure Apparatus (See Handout #3.)

A. Gauge, inflatable cuff and a rubber air bulb with a control valve.

B. Cuff is wrapped around patient's arm.

C. Rubber air bulb is squeezed to pump air into cuff.

D. Control valve on air bulb helps to release air from cuff.

E. Gauge tells pressure level in the blood vessels.

XI. Stethoscope

A. One end has disc and/or bell.

B. Used to hear sounds of pulse.

XII. Understanding Blood Pressure Readings

A. When heart beats, blood is forced out of the heart.

B. Blood pressure is highest when blood is forced out of the heart.

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C. The number showing highest pressure is found when air inside inflated cuff is slowly released.

D. First rhythmic beat heard is matched with number on gauge. This is when pressure in the vessels is lowest.

E. Normal top reading may range from 100 to 140 millimeters.

F. When heart rests between beats, blood returns to the heart. This is when pressure with blood vessels is lowest.

G. As cuff continues to deflate, the sound of pulse rate will disappear.

H. The last rhythmic beat to be heard is matched with the number on the gauge. This is the bottom number of a blood pressure reading.

I. Normal range of bottom number is 60 to 90 millimeters.

XIII. Reading the Gauge

A. Each mark on the gauge of the blood pressure apparatus is two millimeters.

B. Every fifth mark is indicated by an even number.

C. An example of blood pressure reading is 110/80 and is described as "110 over 80".

XIV. Summary and Conclusion

A. Thermometer - description

B. Shaking down thermometer correctly

C. Three methods of taking temperature

D. Pulse

E. Respiration

F. Blood pressure

G. Parts of blood pressure apparatus

H. Stethoscope

I. Reading gauge

J. Understanding blood pressure readings

A. Review Key Points.

B. Discuss Interaction Items.

LESSON PLAN: 24

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: VITAL SIGNS

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INTERACTION ITEMS:

1. How do you hold a thermometer?
2. At what level is the tnermometer held in order to see the mercury?
3. What part of a degree is represented by each mark on a thermometer?
4. When is a rectal temperature taken?
5. How does a rectal temperature reading compare to an oral reading?
6. How long does it take to fully register an axillary temperature?
7. How does an axillary temperature reading compare to an oral reading?
8. For how long should respirations be counted?
9. Of what is the pulse rate an indication?
10. What is the definition of blood pressure?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Each student locates the mercury in a thermometer and identifies the degree marks.
2. Each student practices shaking down the mercury in the thermometer to the proper level.
3. Each student demonstrates the location of the pulse.

~~4. Each student practices checking the respiration rate of another student.~~

4. Instructor demonstrates the parts of blood pressure apparatus and stethoscope.

LESSON PLAN: 24

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: VITAL SIGNS

Evaluation Items:

1. The three methods of taking a temperature are:

   1.

   2.

   3.

True/False

In the space provided, place a "T" if the statement is true or an "F" if the statement is false.

_____ 2. A thermometer is a hollow tube containing mercury which is used to measure the level of a person's body heat.

_____ 3. Each mark on the thermometer represents two-tenths of a degree.

_____ 4. A thermometer should always be held at the bulb end.

_____ 5. Before using a thermometer, it should be shaken down until the mercury reading is 97°F.

_____ 6. The pulse rate indicates the number of times the heart beats in one second.

_____ 7. The pulse rate can be affected by various factors such as excitement, exercise, illness, and fever.

_____ 8. Always use your thumb to check the pulse.

_____ 9. Locations for taking the pulse include the wrist and the temporal, cartid, and femoral arteries.

_____ 10. The patient's respiration rate should be counted for one full minute.

_____ 11. A blood pressure reading measures the force of blood pushing against the walls of the blood vessels.

LESSON PLAN: 24

COURSE TITLE: HOME HEALTH AIDE

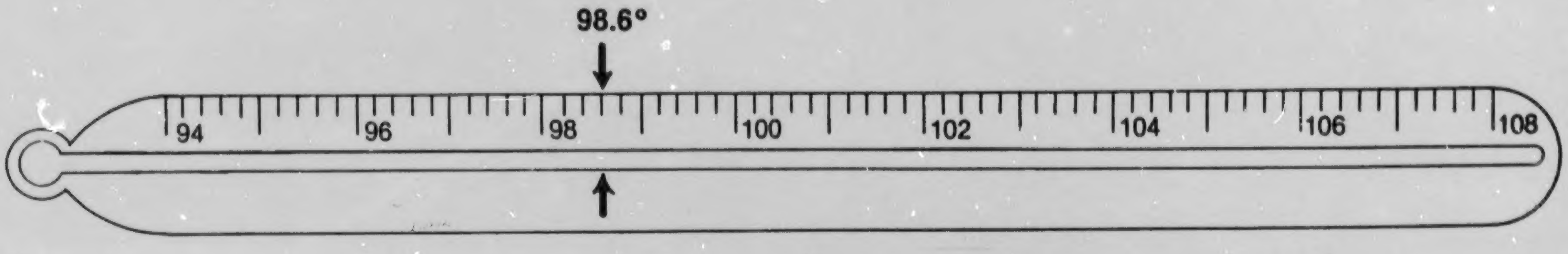
UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: VITAL SIGNS

Answers to Evaluation Items:

1. Oral, rectal, axillary
2. T
3. T
4. F
5. F
6. F
7. T
8. F
9. T
10. T
11. T

Common Thermometers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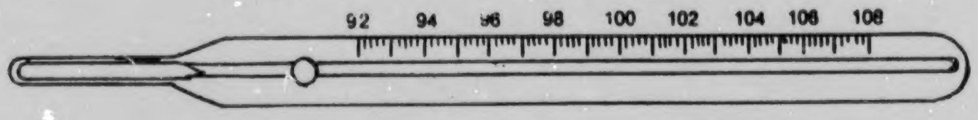
Standard Fahrenheit Thermometer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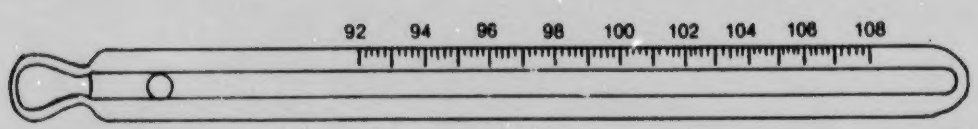
Oral Thermometer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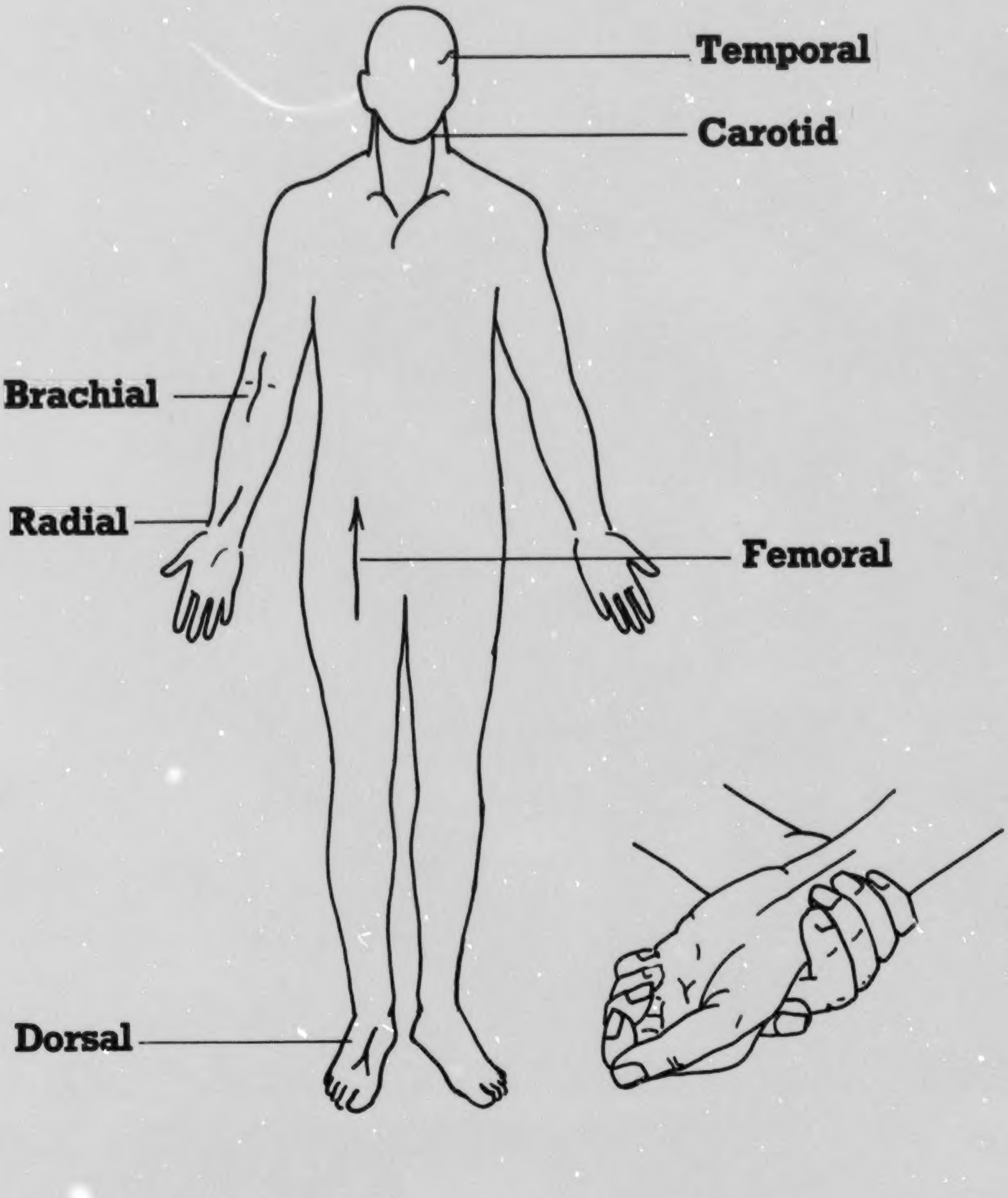
Rectal Thermometer

Handout 1

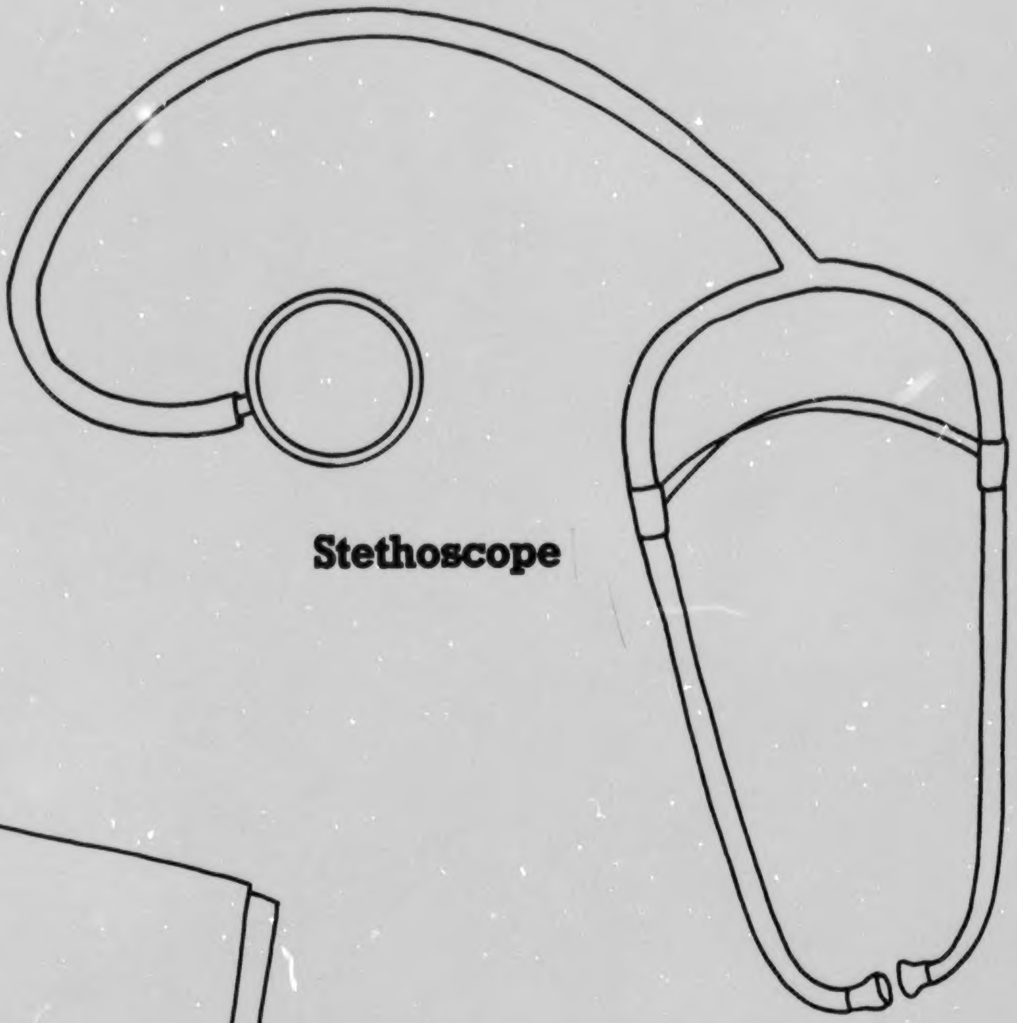
Handout 2

Sites For Taking Pulse

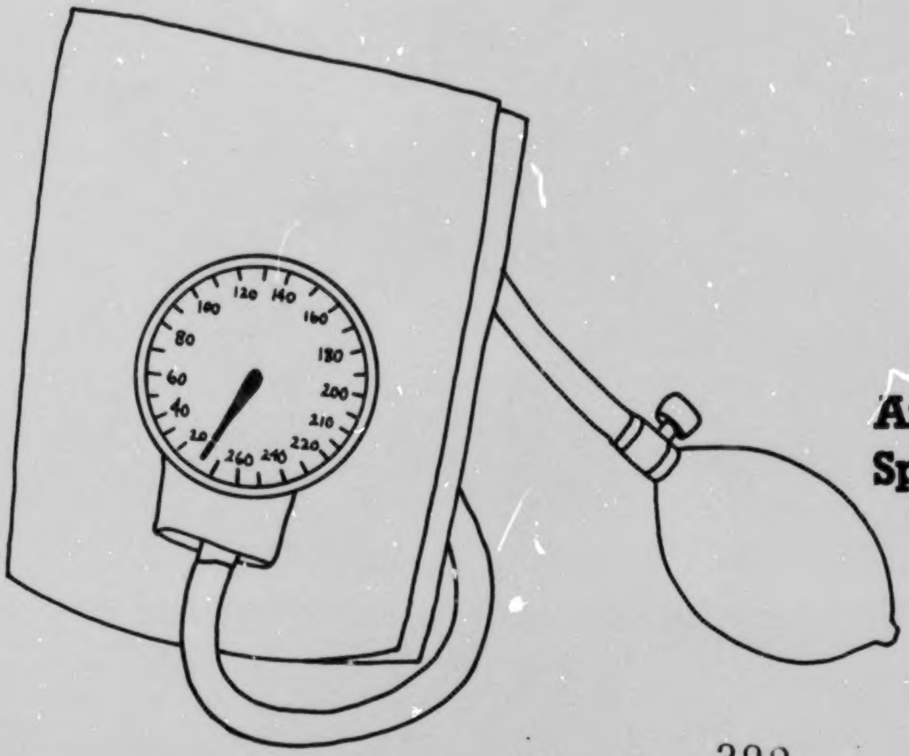

Temporal
Carotid
Brachial
Radial
Femoral
Dorsal

Handout 3

Instruments for Vital Signs



Stethoscope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80

Aneroid Sphygmomanometer

LESSON PLAN: 25

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: This unit presents the skill required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help to clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: MEASURE TEMPERATURE, PULSE, AND RESPIRATION

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Accurately measure temperature - oral, rectal, and axillary according to steps of procedure.
2. Measure pulse according to steps of procedure.
3. Measure respiration according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Thermometers - rectal and oral
2. Tissues
3. Paper and pencil
4. Watch with second hand
5. Water soluble lubricating jelly
6. Handout #1: Reading a Thermometer
7. Handout #2. Assessing Vital Functions Accurately

INFORMATIONAL ASSIGNMENT: (Student)

1. Selected Text: Appropriate pages

REFERENCES: (Instructor's Additional Information)

Mayes, Mary E. Abdallah's Nurse's Aide Study Manual. Philadelphia: W.B. Saunders Company, 1970.

INTRODUCTION: The previous lesson introduced you to the equipment used in taking vital signs, as well as a number of key points concerning the gathering of this important information. This lesson will show you the steps necessary to take a person's temperature, pulse, and respiration.

LESSON PLAN: 25

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: MEASURE TEMPERATURE, PULSE, AND RESPIRATION

STEPS OF PROCEDURE:

I. Temperature

A. Oral temperature

1. Wash hands.
2. Gather equipment.
3. Explain procedure to patient. Ask if he/she has had anything hot or cold to drink or has smoked in the preceding ten minutes; if he/she has, wait ten minutes before taking his/her temperature.
4. Have patient sit or lie down.
5. Remove thermometer from case and rinse with cool water. Hold by glass end only.
6. Check level of mercury; shake down thermometer if necessary to 95°F or below.
7. Place under patient's tongue. Instruct him/her to keep lips closed, but not to bite down.
8. Allow thermometer to remain in mouth at least three minutes.
9. Remove thermometer from patient's mouth; wipe with clean tissue. Read and record temperature and time.
10. Clean thermometer and replace in case.

B. Rectal temperature

1. Wash hands.
2. Gather equipment and bring to bedside.
3. Explain procedure to patient.
4. Provide adequate privacy for patient.
5. Have patient turn on side and expose buttocks.
6. Lubricate thermometer with water-soluble jelly.

7. Raise upper buttock; gently insert thermometer into anus 1 1/2 to 2 inches; hold in place for three to five minutes.

8. Remove thermometer; rearrange sheet to cover patient.

9. Wipe thermometer with tissue; read, clean thermometer, and replace in case.

10. Wash hands.

11. Record temperature and time of day.

C. Axillary Temperature

1. Wash hands.

2. Gather equipment.

3. Explain procedure to patient.

4. Dry axillary area.

5. Place ball end of thermometer well within hollow of patient's armpit; place arm across chest.

6. Leave thermometer in place for ten minutes. Wipe thermometer with tissue and read.

7. Wash thermometer and replace in case.

8. Wash hands.

9. Record temperature and time.

II. Pulse and Respiration

✓ A. May be taken while oral or axillary temperature is being taken.

B. Exert slight pressure over radial artery on patient's inner wrist with your first, second, and third fingers; do not use your thumb.

C. Count pulse for one minute.

✓ D. Still holding patient's wrist, watch rise and fall of his/her chest in order to check respiration rate. Count for one minute.

E. Record pulse and respiration rates, as well as other pertinent observations such as irregularities, force, difficulty in breathing, etc.

III. Reminder

A. Be sure you are familiar with the facts presented both in the last lesson and this one so that you will become very proficient in the art of TPR.

IV. Summary and Conclusion

A. Review Steps of Procedure. ✓

B. Discuss Interaction Items.

LESSON PLAN: 25

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: MEASURE TEMPERATURE, PULSE, AND RESPIRATION

INTERACTION ITEMS:

1. What position should the patient be in when having his/her oral temperature taken?
2. Where are the fingers placed when taking the pulse?
3. For how long is the pulse counted?
4. For how long is the respiration counted?
5. How long is the oral thermometer left in place?
6. How long is the rectal thermometer left in place?
7. How long is the axillary thermometer left in place?
8. What position should the patient assume when the temperature is taken rectally?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Discuss handout #1.
2. Students take each other's TPR.
3. Students practice inserting rectal thermometer on Mrs. Chase.

LESSON PLAN: 25

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: MEASURE TEMPERATURE, PULSE, AND RESPIRATION

Evaluation Items:

Did the student:	Yes	No
I. Temperature		
A. Oral temperature		
1. Wash hands.		
2. Gather equipment.		
3. Explain procedure to patient. Ask if he/she has had anything hot or cold to drink or has smoked in the preceding ten minutes; if he/she has, wait ten minutes before taking his/her temperature.		
4. Have patient sit or lie down.		
5. Remove thermometer from case and rinse with cool water. Hold by glass end only.		
6. Check level of mercury; shake down thermometer if necessary to 95°F or below.		
7. Place under patient's tongue. Instruct him/her to keep lips closed, but not to bite down.		
8. Allow thermometer to remain in mouth at least three minutes.		
9. Remove thermometer from patient's mouth; wipe with clean tissue. Read and record temperature and time.		
10. Clean thermometer and replace in case.		
B. Rectal temperature		
1. Wash hands.		
2. Gather equipment and bring to bedside.		

3. Explain procedure to patient. ______ ______

4. Provide adequate privacy for patient. ______ ______

5. Have patient turn on side and expose buttocks. ______ ______

6. Lubricate thermometer with water-soluble jelly. ______ ______

7. Raise upper buttock; gently insert thermometer into anus 1 1/2 to 2 inches; hold in place for three to five minutes. ______ ______

8. Remove thermometer; rearrange sheet to cover patient. ______ ______

9. Wipe thermometer with tissue; read, clean thermometer, and replace in case. ______ ______

10. Wash hands. ______ ______

11. Record temperature and time of day. ______ ______

C. Axillary Temperature

1. Wash hands. ______ ______

2. Gather equipment. ______ ______

3. Explain procedure to patient. ______ ______

4. Dry axillary area. ______ ______

5. Place ball end of thermometer well within hollow of patient's armpit; place arm across chest. ______ ______

6. Leave thermometer in place for ten minutes. Wipe thermometer with tissue and read. ______ ______

7. Wash thermometer and replace in case. ______ ______

8. Wash hands. ______ ______

9. Record temperature and time. ______ ______

II. Pulse and Respiration

1. May be taken while oral or axillary temperature is being taken. ______ ______

2. Exert slight pressure over radial artery on patient's inner wrist with your first, second, and third fingers; do not use your thumb. ______ ______

3. Count pulse for one minute. ______ ______

4. Still holding patient's wrist, watch rise and fall of his/her chest in order to check respiration rate. Count for one minute. ______ ______

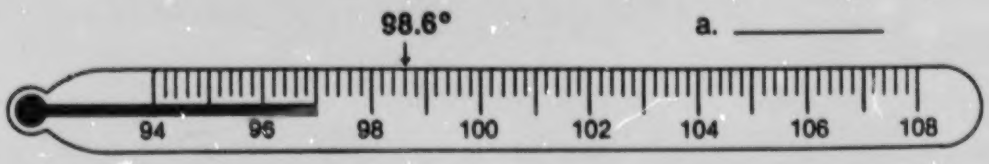
5. Record pulse and respiration rates, as well as other pertinent observations such as irregularities, force, difficulty in breathing, etc. ______ ______

Comments:

Reading a Thermometer

1. Write the readings on these thermometers in the blanks to the right.

a. ________


98.6°
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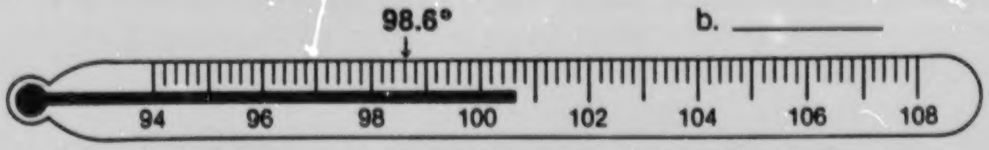
b. ________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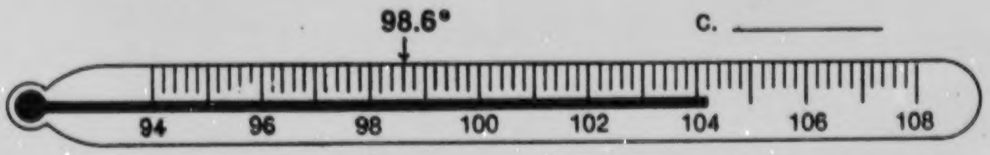
c. ________


98.6°
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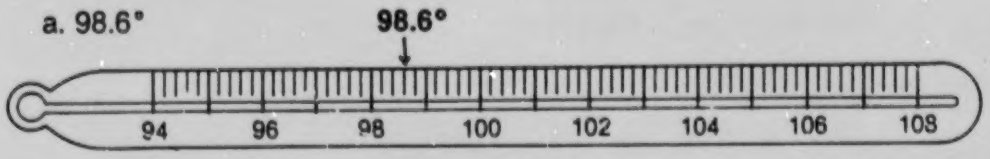
2. Mark the temperature readings on these thermometers.

a. 98.6°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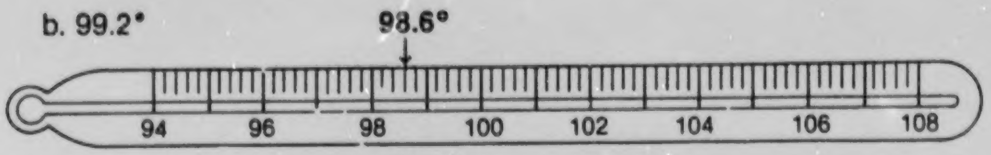
b. 99.2°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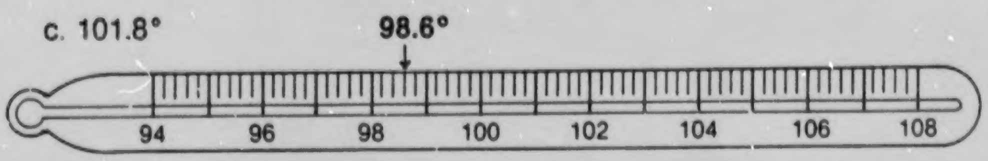
c. 101.8°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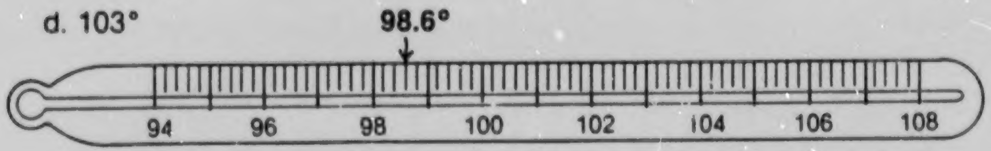
d. 103°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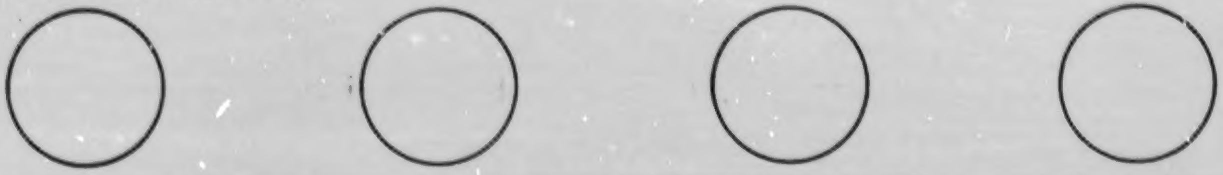
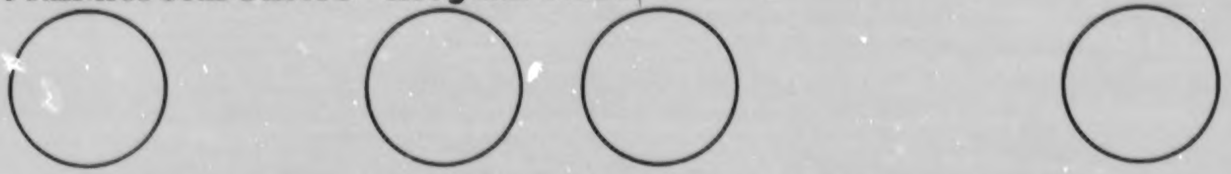
Handout 2

Assessing Vital Functions Accurately

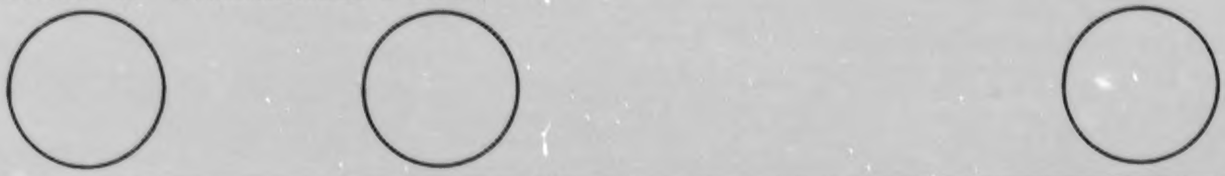
NORMAL BEATS



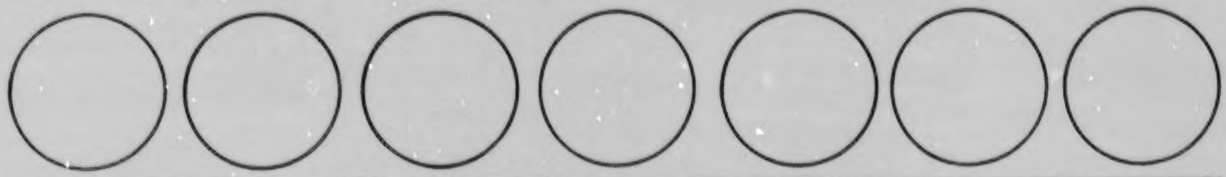
PREMATURE BEATS - **Irregular Pulse**



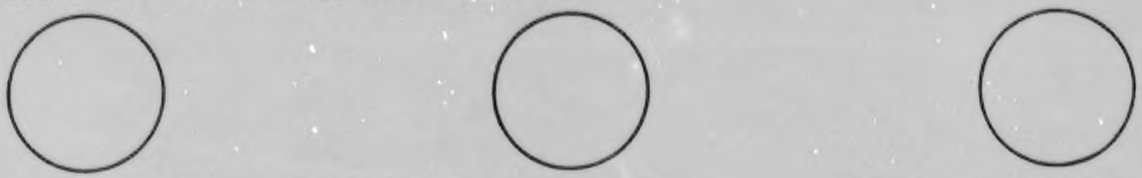
PAUSES - **Intermittent Pulse**



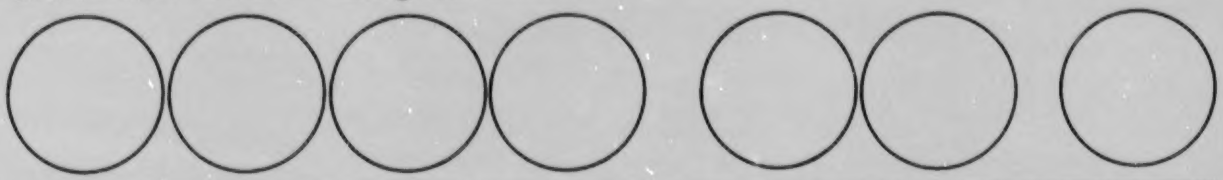
TACHYCARDIA - **Rate, 160 Beats/Minute**



BRADYCARDIA - **Rate, 50 Beats/Minute**



CHAOTIC PULSE - **Irregular Pulse**



LESSON PLAN: 26

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: This unit presents the skill required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help to clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: MEASURE BLOOD PRESSURE

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Measure blood pressure according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Sphygmomanometer
2. Stethoscope
3. Paper and pencil
4. Film: "Practice Blood Pressure Readings" (Missouri Division of Health)
5. Handout #1: Reading an Aneroid Sphygomomaneter

INFORMATIONAL ASSIGNMENT: (Student)

1. Selected Text: Appropriate pages

REFERENCES: (Instructor's Additional Information)

Mayes, Mary E. Abdallah's Nurse's Aide Study Manual. Philadelphia: W.B. Saunders Company, 1970.

INTRODUCTION: The previous lesson was on TPR. In this lesson you will learn to measure a patient's blood pressure. This will complete patient's vital signs.

Accuracy in measuring the patient's blood pressure is very important; try to avoid any distracting noise or conversation that will make blood pressure sounds difficult to hear.

LESSON PLAN: 26

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: MEASURE BLOOD PRESSURE

STEPS OF PROCEDURE:

1. Assemble equipment.

2. Explain procedure to patient.

3. Position patient in seated or reclining position with forearm on flat surface, palm upward.

4. Expose arm as much as possible.

5. Wrap sphygmomanometer around patient's upper arm.

6. Put on the stethoscope; hold bell or disc end in left hand.

7. Hold the air pressure bulb in your right hand.

8. Place bell or disc of stethoscope just inside the firm tendon. Locate the pulse (brachial artery). Make firm skin contact.

9. Tighten thrubscrew on air pressure bulb and inflate cuff until pulse is no longer audible; usually to 220 mm, 250 mm, or more.

10. Slightly loosen thumbscrew, allowing air to escape slowly. Watch gauge carefully and listen for the readings.

11. Systolic reading: onset of distinct, sharp, tapping sound.

12. Diastolic reading: sound disappears or changes from loud beat to faint murmur.

13. Record reading on paper. If in doubt, take a second reading. Allow guage to return to zero; wait 15 seconds; repeat procedure.

14. Deflate cuff and remove from patient's arm. Complete deflation of cuff, fold, and store neatly. Do not kink tubing.

15. Record date, time, blood pressure reading, site, and patient position. Systolic pressure is written above (over) the diastolic pressure (Example: 125/82).

SUMMARY AND CONCLUSION:

1. Review Steps of Procedure.
2. Discuss Interaction Items.

LESSON PLAN: 26

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: MEASURE BLOOD PRESSURE

INTERACTION ITEMS:

1. In what position should the patient be when having his/her blood pressure taken?
2. Where should the sphygmomanometer cuff be placed?
3. What is the first sound heard?
4. What is the second sound heard?
5. How is the blood pressure recorded?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Have students practice taking each other's blood pressure.
2. Have students record blood pressure in the following manner:

   B/P = Systolic pressure/diastolic pressure.
   Sample: B/P = 120/80

3. Complete handout #1 on reading a sphygmomanometer.

LESSON PLAN: 26

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: MEASURE BLOOD PRESSURE

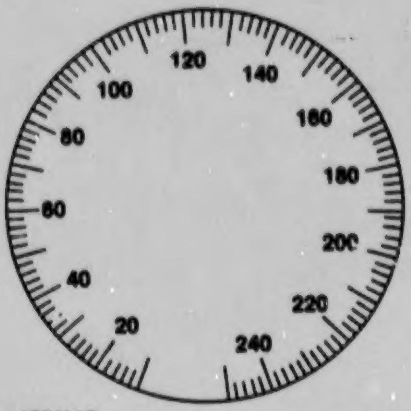
Evaluation Items:

Did the student:		Yes	No
1.	Assemble equipment.	______	______
2.	Explain procedure to patient.	______	______
3.	Position patient in seated or reclining position with forearm on flat surface, palm upward.	______	______
4.	Expose arm as much as possible.	______	______
5.	Wrap sphygmomanometer around patient's upper arm.	______	______
6.	Put on the stethoscope; hold bell or disc end in left hand.	______	______
7.	Hold the air pressure bulb in your right hand.	______	______
8.	Place bell or disc of stethoscope just inside the firm tendon. Locate the pulse (brachial artery). Make firm skin contact.	______	______
9.	Tighten thrubscrew on air pressure bulb and inflate cuff until pulse is no longer audible; usually to 220 mm, 250 mm, or more.	______	______
10.	Slightly loosen thumbscrew, allowing air to escape slowly. Watch gauge carefully and listen for the readings.	______	______
11.	Systolic reading: onset of distinct, sharp, tapping sound.	______	______
12.	Diastolic reading: sound disappears or changes from loud beat to faint murmur.	______	______
13.	Record reading on paper. If in doubt, take a second reading. Allow guage to return to zero; wait 15 seconds; repeat procedure.	______	______
14.	Deflate cuff and remove from patient's arm. Complete deflation of cuff, fold, and store neatly. Do not kink tubing.	______	______

15. Record date, time, blood pressure reading, site, and patient position. Systolic pressure is written above (over) the diastolic pressure (Example: 125/82). ______ ______

Comments:

Reading an Aneroid Sphygmomanometer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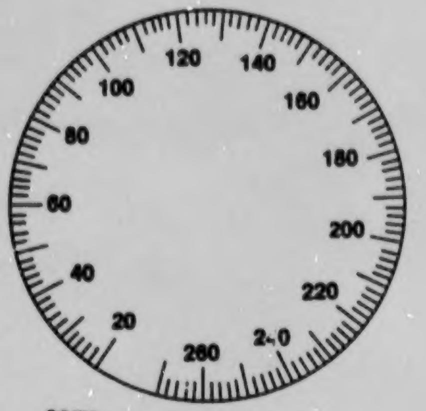
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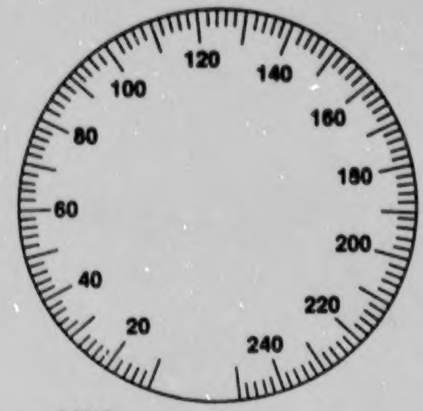
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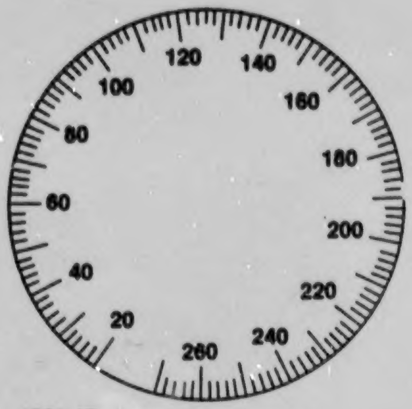
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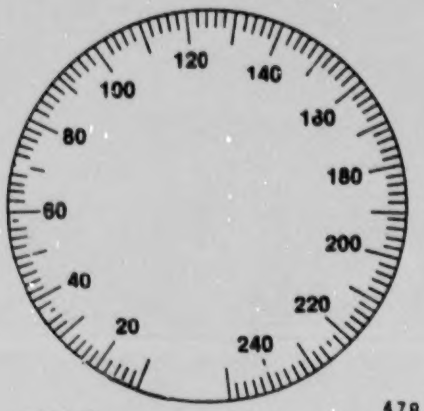
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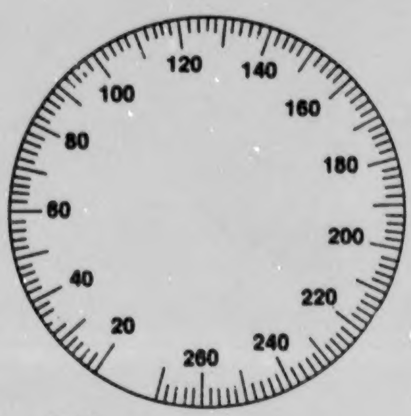
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82/66 ____________

LESSON PLAN: 27

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: This unit presents the skill required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help to clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: WEIGH AND MEASURE THE PATIENT

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Weigh the patient according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Portable scale
2. Paper towel
3. Tape measure
4. Paper and pencil

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

1. Selected Text: Appropriate pages

INTRODUCTION: A patient's weight loss or gain can be an important indication of his/her state of health and response to treatment. Obtaining an accurate weight, therefore, is very important. For example, if a patient has a heart condition with fluid retention and edema, weighing the patient indicates progress in reducing the fluid retention and the effectiveness of drug therapy. The patient should be weighed when it is so noted on the home health aide's assignment sheet. Observe first if the patient appears to have good balance and feels strong enough to stand on the scales. Height measurement is also a diagnostic tool; use care to insure accuracy.

LESSON PLAN: 27

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: WEIGH AND MEASURE THE PATIENT

STEPS OF PROCEDURE:

1. Explain procedure to patient.
2. Bring portable scales to patient area. Set pointer at zero.
3. Place paper towel on platform of scale.
4. Assist patient to stand; allow time for balance to be regained.
5. Help patient step onto scale; be sure he/she is balanced.
6. Record weight.
7. Help patient step off scale.
8. To measure patient, have him/her stand erect against wall. Align measuring tape on wall, beginning on line even with top of patient's head. Record measurement.
9. If patient is unable to stand against wall, have him/her lie in bed. Measure along flat bed surface, beginning on line even with top of patient's head and measuring to line even with soles of feet. Record reading.
10. Return patient to comfortable position.
11. Discard paper towel.

SUMMARY AND CONCLUSION:

1. Review Steps of Procedure.
2. DiscussInteraction Items.

LESSON PLAN: 27

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: WEIGH AND MEASURE THE PATIENT

INTERACTION ITEMS:

1. Why is a paper towel put on platform of scale before weighing patient?
2. Why are height and weight important?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITY:

1. Instructor demonstrates Steps of Procedure.
2. Students practice measuring and weighing each other.

LESSON PLAN: 27

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: WEIGH AND MEASURE THE PATIENT

Evaluation Items:

Did the student:	Yes	No
1. Explain procedure to patient.		
2. Bring portable scales to patient area. Set pointer at zero.		
3. Place paper towel on platform of scale.		
4. Assist patient to stand; allow time for balance to be regained.		
5. Help patient step onto scale; be sure he/she is balanced.		
6. Record weight.		
7. Help patient step off scale.		
8. To measure patient, have him/her stand erect against wall. Align measuring tape on wall, beginning on line even with top of patient's head. Record measurement.		
9. If patient is unable to stand against wall, have him/her lie in bed. Measure along flat bed surface, beginning on line even with top of patient's head and measuring to line even with soles of feet. Record reading.		
10. Return patient to comfortable position.		
11. Discard paper towel.		

Comments:

LESSON PLAN: 28

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: This unit presents the skill required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help to clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: CHANGE MINOR DRESSINGS

LESSON OBJECTIVES. THE STUDENT SHOULD BE ABLE TO:

1. Name four signs of wound infection.
2. State the importance of cleanliness.
3. Relate the proper way for removing dressings.
4. Relate the proper way to dispose of dressings.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Clean dressing
2. Newspaper or bag
3. Tape
4. Tongs or spring clothespin

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

INTRODUCTION: If a wound is minor, the home health aide may be assigned to make the dressing change. Dressings over wounds or surgical openings are usually sterile; a nonsterile dressing may be used when the wound is well crusted over and healing.

LESSON PLAN: 28

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: CHANGE MINOR DRESSINGS

OUTLINE: (Key Points)

I. When making a dressing change, carefully observe the wound area for any signs of infection:

   A. Increased skin temperature around wound area

   B. Increased pain or tenderness

   C. Increased redness and/or swelling

   D. A change in the color, odor, type, or amount of any drainage present

II. To help avoid infection, cleanliness is essential. The home health aide should be sure her hands are washed before and after the dressing change. The dressing should be kept clean and as free of contamination as possible.

III. Care should be used in removing and disposing of the soiled dressing. It should be picked up with tongs or a spring clothespin; if it must be touched, then touch only the cleanest part.

IV. The soiled dressing should be disposed of by wrapping in several layers of paper or placing in a paper bag, then placed in an incinerator or covered trash container.

V. All observations of the wound site, as well as the time of the dressing change should be charted. Any unusual details should be reported to your supervisor.

VI. Summary and Conclusion

   A. Review Key Points.

   B. Discuss Interaction Items.

LESSON PLAN: 28

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: CHANGE MINOR DRESSINGS

INTERACTION ITEMS:

1. What are the signs of infection which may be observed?
2. Why is cleanliness essential in changing dressings?
3. How should the soiled dressing be removed?
4. How should the soiled dressing be disposed of?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Discuss the interaction items with the class.

LESSON PLAN: 28

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: CHANGE MINOR DRESSINGS

Evaluation Items:

1. Name four signs of wound infection:

    1.

    2.

    3.

    4.

True/False

In the space provided, place a "T" if the statement is true or an "F" if the statement is false.

_____ 2. A soiled dressing should be removed by picking up with tongs ~~n~~or a spring clothespin; if it must be touched, then touch only the cleanest part.

_____ 3. A soiled dressing should be discarded in a waste paper basket.

LESSON PLAN: 28

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: CHANGE MINOR DRESSINGS

Answer to Evaluation Items:

1. Increased skin temperataure around wound area
   Increased pain or tenderness around wound area
   Increased redness or swelling
   Change in color, odor, type, or amount of any drainage present

2. T

3. F

LESSON PLAN: 29

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: The unit presents the skill required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: APPLY ACE BANDAGE

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. State three reasons for using an ace bandage.
2. Identify the parts of an Ace bandage.
3. Identify proper direction of application.
4. Name and describe two most common configurations used in applying ace bandages.
5. Name five signs of impaired circulation.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Ace bandage

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

INTRODUCTION:

The ACE, or elastic roller bandage, is often used to provide support or to apply gentle pressure to a part of the body; it can also be used to hold a dressing in place. It is very important for all medical personnel to know how to apply an ACE bandage correctly.

LESSON PLAN: 29

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: APPLY ACE BANDAGE

OUTLINE: (Key Points)

I. Reasons for use of ace bandage include:

   A. To limit movement and provide support

   B. To apply pressure to control bleeding

   C. To promote absorption of tissue fluids

   D. To secure dressings and splints

   E. To aid in venous blood return

II. Parts of the ace bandage:

   A. Free end is called the "initial portion"

   B. End at center of roll is the "terminal end"

   C. Rolled portion is called the "body"

III. Ace bandages should be applied only over clean areas; extremity and body should be in good alignment.

IV. Ace bandage should be applied from distal to proximal part of body to aid in return of venous blood to heart.

V. Two most common configurations used in bandaging are:

   A. Circular Turn

      1) Used to bandage a cylindrical part of body or secure bandage at initial and terminal ends. Usually, two circular turns are used to initiate or terminate bandage. Bandage is wrapped around extremity so that each turn exactly covers previous turn.

   B. Figure of Eight

      1) Used on joints, length of arm, or leg

      2) Repeated oblique turns are alternately made above and below a joint, forming a figure eight.

VI. In applying an ace bandage each turn should overlap by one-half to two-thirds the width of the bandage.

VII. If possible, the distal end of bandaged limb should be left exposed for detection of circulation restriction.

VIII. Be sure to apply bandage evenly, using equal tension.

IX. Bandage is applied from medial to lateral and from distal to proximal.

X. In applying ace bandage, initial portion is help in place while other hand passed rolled bandage around area being wrapped.

XI. When bandage is wrapped, terminal end is secured with fasteners or safety pins.

XII. Observe bandaged limb for signs of impaired circulation (pallor, tingling, cyanosis, erythema, pain, numbness, cold, and swelling). If patient is responsive, he/she can identify pain, numbness, or tingling.

XIII. Summary and Conclusion

A. Review Key Points.

B. Discuss Interaction Items.

LESSON PLAN: 29

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: APPLY ACE BANDAGE

INTERACTION ITEMS:

1. Name parts of an ace bandage.
2. Name and describe the two most commonly used configurations in the application of ace bandages.
3. What are the signs of impaired circulation which might be observed in the bandaged area?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Discuss Interaction Items.
2. Instructor should apply ace bandage to teaching dummy or one of the students.

LESSON PLAN: 29

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: APPLY ACE BANDAGE

Evaluation Items:

True/Flase

In the space provided, place a "T" if the statement is true or an "F" if the statement is false.

_____ 1. An ace bandage should be applied evenly, from medial to lateral or from distal to proximal.

Multiple Choice

Select the item which completes the statement correctly. Place the letter of that item in the space provided.

_____ 2. Signs of impaired circulation in a bandaged limb may be exhibited by:

a. Pallor, tingling cyanosis, erythema
b. Pain, numbness, cold, swelling
c. Increased skin temperature, pain, erythema
d. Answers a and b
e. Answers b and c

Matching

Match the name with the appropriate description. Place the letter of the response in the space provided.

_____ 3. Used to bandage a cylindrical part of the body or to secure ace bandage at initial and terminal ends.
_____ 4. The free end of the ace bandage.
_____ 5. The end of the ace bandage at the center of the roll.
_____ 6. Used on joints, length of arm or leg; formed by repeated oblique turns of ace bandage made alternately above and below joint.
_____ 7. The rolled portion of the ace bandage.

a. Body
b. Circular turn
c. Terminal edn
d. Figure of eight
e. Initial portion

LESSON PLAN: 29

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: APPLY ACE BANDAGE

Answers to Evaluation Items:

1. T
2. d
3. b
4. e
5. c
6. d
7. a

LESSON PLAN: 30

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: The unit presents the skill required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: APPLY HEAT AND COLD

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. State three purposes of heat application.
2. Identify two safety measures when applying heat.
3. Recognize the signs that indicate discontinication of heat application.
4. Recall three types of heat application.
5. Identify three points to remember when applying heat.
6. Tell three purposes of cold application.
7. Recall the two types of cold application.
8. Recognize when to discontinue cold application.
9. Recall two points to remember when applying cold.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Warm water bottle
2. Heating pad
3. Heat lamp
4. Compresses
5. Plastic protective pad
6. Ice cap
7. Ice bay
8. Filmstrip: "The Application of Heat and Cold" (Trainex Long-Term Care Series)

INFORMATIONAL ASSIGNMENT: (Student)

1. Selected Text: Appropriate pages

REFERENCES: (Instructor's Additional Information)

Rosdahl, Caroline B. and Thompson, Ella M. Textbook of Basic Nursing.
Philadelphia: J.B. Lippincott Company, 1973.

INTRODUCTION: Application of heat and cold are often used to treat diseases and relieve pain. It is important for home health aides to be familiar with the types of applications used and the important factors to remember in their application. Careless handling of heat and cold can cause severe injury and discomfort to your patient.

LESSON PLAN: 30

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: APPLY HEAT AND COLD

OUTLINE: (Key Points)

I. Purposes of Heat Application

  A. Relieve pain (for example, in muscular spasms)

  B. Relieve inflammation

  C. Comfort

  D. Warmth

II. Safety Measures When Applying Heat

  A. Check temperature of solution

  B. Check temperature control of any thermostatic heating device to be certain it is properly set.

  C. Burns may result from heating pads, warm water bottles, hot moist compresses or dressings, and hot water in a tub~~e~~ or shower. ✓

  D. Heat application must be ordered by the physician.

III. Indications That Heat Application Be Discontinued

  A. Reddened skin

  B. Sensitivity or pain at site of application

IV. Types of Heat Application

  A. Thermal pad

  B. Heating pad

  C. Warm water bottle

  D. Warm moist compresses

  E. Warm soaks

  F. Heat lamp

V. Points to Remember in Heat Application

- A. Always place a cover over all heating pads, warm water bottles, and thermal pads before use.
- B. Do not use heating pads with frayed, worn, or cracked cords or plugs.
- C. Check patient often.
- D. Water in warm water bottle should not exceed 120'F.
- E. Warm water bottle should only be filled half full.
- F. Moist compresses should always be wrung out.
- G. When applying compresses, lift the corners until patient can tolerate heat.
- H. Wrap plastic protective pad and towel over moist compresses.
- I. Temperature of warm soaks should not exceed 100'F.
- J. Distance from heat lamp to area to be treated should be 18 inches.

VI. Purposes of Cold Application

- A. Reduce body temperature
- B. Reduce swelling
- C. Reduce irritation
- D. Reduce inflammation
- E. Relieve pain
- F. Decrease bleeding

VII. Types of Cold Applications

- A. Baths
- B. Ice cap or bag

VIII. Indication that Cold Application be Discontinued

- A. Pain
- B. Skin at treatment site blue, mottled, white

IX. Points to Remember in Cold Application

- A. Fill ice bag or cap 2/3 full.

B. Fill ice bag or cap every hour or as needed.

C. Always use a cover with an ice cap or bag.

D. Never leave ice cap or bag on an area over two hours.

X. Summary and Conclusion

A. Review Key Points.

B. Discuss Interaction Items.

LESSON PLAN: 30

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: APPLY HEAT AND COLD

INTERACTION ITEMS:

1. Name two safety factors to remember when applying heat.
2. Name three points to remember when applying heat.
3. Name two points to remember when applying cold.
4. Name three types of heat application.
5. Name two types of cold application.

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Have students examine and identify equipment for hot and cold application.

LESSON PLAN: 30

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: APPLY HEAT AND COLD

Evaluation Items:

1. List three types of heat application.

   1.

   2.

   3.

2. List two types of cold application.

   1.

   2.

Multiple Choice

Select the item which completes the statement correctly. Place the letter of that item in the space provided.

_____ 3. Safety measures to be observed when applying heat:

   a. Check temperature of solution.
   b. Check temperature control of thermostatic heating device to be certain it is properly set.
   c. Heat of application must be ordered by physician.
   d. All of the above.

_____ 4. Points to remember in heat application:

   a. Always place a cover over all heating pads, warm water bottles, and thermal pads before use.
   b. Check patient often.
   c. Warm water bottle should be completely filled.
   d. Distance from heat lamp should be about eight inches.
   e. Answers a and b
   f. Answers b and c
   g. Answers c and d

True/False

In the space provided, place a "T" if the statement is true or an "F" if the statement is false.

_____ 5. When applying cold, fill ice bag 1/3 full; never leave on area over three hours.

LESSON PLAN: 30

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: APPLY HEAT AND COLD

Answers to Evaluation Items:

1. Thermal pad
   Heating pad
   Warm water bottle
   Warm moist compresses
   Warm soaks
   Heat lamp

2. Baths
   Ice cup or bag

3. D

4. E

5. F

LESSON PLAN: 31

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: The unit presents the skill required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: EXERCISE NEEDS

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Define range of motion.
2. Define nine terms used in describing range of motion activities. ✓
3. Recall use, care, and fitting of walker.
4. Recall use, care, and fitting of cane.
5. Define three types of crutches.
6. List six requirements patient must meet for crutch use.
7. Relate the safe use of the lift.
8. Recall rules of good body mechanics for the patient.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Walker
2. Cane
3. Belt
4. Lift
5. Crutches
6. Handout #1: Range of Movement

INFORMATIONAL ASSIGNMENT: (Student)

1. Selected Text: Appropriate pages

REFERENCES: (Instructor's Additional Information)

Rapier, Dorothy Kelley, et. al. Practical Nursing. St. Louis: C.V. Mosby Company, 1970. (Fourth Edition)

Rosdahl, Caroline B. and Thompson, Ella M. Textbook of Basic Nursing. Philadelphia: J.B. Lippincott Company, 1973.

INTRODUCTION: Deformities and complications of illness and injury often can be prevented by frequent position changes, proper positioning in bed, and by exercise. Exercise involves the function of bones, muscles, and joints. The continuance or return of function is dependent upon the strength of the musculature that controls a joint. Exercise also stimulates and helps strengthen the functions of various organs and body systems. Unless bedrest has been ordered for the patient, he/she should be encouraged to be out of bed as much as possible. Many patients will require an assistive device for independent ambulation.

LESSON PLAN: 31

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: EXERCISE NEEDS

OUTLINE: (Key Points)

I. Range of Motion

A. Range of motion is the movement of a joint through its full range in all directions. It may be passive, active, or resistive.

B. A patient's range of motion is affected by his/her genetic makeup, physical condition, and the disease process. ✓

C. The physician may order range of motion exercises whenever there is physical inactivity, provided the patient's condition allows such activity.

D. The home health aide should NEVER give range of motion exercises unless specific instructions appear on the assignment sheet and the nurse or physical therapist has demonstrated the exercises to the aide on the initial visit.

E. When giving range of motion exercises, always stop if the patient complains of pain or if you meet resistance.

F. Definitions used describing range of motion activities: (See Handout #1a) ✓

1. Abduction - turning outward; moving away from mid-line of body

2. Adduction - movement toward the midline of the body

3. Dorsiflexion - bending backward

4. Extension - in referring to an extremity, denotes straightening out a joint

5. Flexion - bending of a joint

6. Hyperextension - extending beyond the ordinary range

7. Pronation - turning downward

8. Rotation - turning or movement of a part on its axis

a. External - turning outward away from center

        b. Internal - turning inward toward center

    9. Supination - turning upward

G. When doing range of motion exercises with a patient who has one-sided weakness, encourage the use of the stronger limbs to help support and guide the weaker ones.

II. Ambulation

A. Walker

1. Used for extra balance for patient who needs more help than with a cane.
2. A walker is not recommended for a patient with one-sided paralysis, as he may be more apt to tip it.
3. A basket or bag attached to walker will help patient to transport items or keep them within easy reach.
4. Check rubber tips on ends of legs. Layers of wax buildup or dirt will prevent good traction when walker is in use. They should be replaced if heavily worn.
5. Periodically check over rest of walker for other safety problems. Broken or bent parts and missing or loose screws can mean trouble.
6. May be adjusted to accommodate patient height.

B. Cane

1. Allows patient to walk with less fatigue, greater stability, and speed.
2. Helps relieve pressure on weight-bearing joints.
3. Compensate functional deficiencies performed normally by the neuromuscular skeletal system. (Such as patient with one-sided weakness, who would be unable to keep walker from tipping.)
4. Cane should "fit" patient; handle should be approximately level with greater trochanter and elbow should be slightly bent when cane is proper length.
5. The S-hook should always be fastened firmly into the straps or seat grommets with the hooks facing away from the patient to avoid injury.
6. When lifting a patient out of a chair or wheelchair, be careful that the hooks do not catch under the arms of the chair.

7. The release valve knob on the hydraulic lift should be opened and closed gently and slowly. This will help prevent damage to internal valve parts, as well as maintaining patient comfort by avoiding unsmooth, jerky movements.

8. The home health aide must use discretion in judging whether a patient can be lifted safely without the use of a restraining strap around both the seat and the patient.

D. Crutches

1. Types

   a. Telescopic - have swivel handpieces that move up, down, and sideways. Open to full length, elbow length, or may be used as cane. Useful for patients with elbow or shoulder anomalies.

   b. Axillary - of wood or aluminum, these crutches fit under the armpits.

   c. Nonaxillary (Lofstrand or Canadian) - extend to halfway between elbow and shoulder. Arm motion limited somewhat by cuff that fits over arm to help hold crutch in place. ✓ More training is needed before patient is able to use this type.

2. Crutches should be used only on doctor's orders and only in the way he/she prescribes. A physical therapist or rehabilitation nurse should instruct the patient in the use of the crutch gait best suited to the patient's condition.

3. If you note that the patient is having undue mobility problems or is using the crutches incorrectly, report this to your supervisor.

4. A patient must meet the following criteria before he/she can use crutches:

   a. Have adequate balance

   b. Be able to stand erect

   c. Be psychologically motivated

   d. Be able to wear sturdy shoes

   e. Have strength in his/her legs, arms, and shoulders

   f. Be able to move his/her legs forward

III. Body Mechanics

A. Body mechanics for the patient

1. The comfort and position of the patient are important when he/she must be in bed for a period of time.

2. Frequent change of position is important; the patient should be moved if he/she is unable to do it for himself/herself. Change of position helps to:

   a. Prevent contractures and joint deformities

   b. Increase circulation

   c. Prevent pressure sores

   d. Improve muscle tone

   e. Prevents fatigue

3. Be sure to provide adequate support for the patient's back and joints.

4. Keep body parts in good alignment when turning and positioning patient. Remember good alignment when the patient is sitting too, espcially if he/she must be propped up.

IV. Summary and Conclusion

   A. Review Key Points.

   B. Discuss Interaction Items.

LESSON PLAN: 31

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: EXERCISE NEEDS

INTERACTION ITEMS:

1. Define passive, active, and resistive range of motion exercises.
2. Why would a patient's genetic makeup, physical condition, or the disease process affect his/her range of motion.
3. When is a walker not advisable for a patient?
4. What is the proper length for a cane?
5. Define a lift.
6. Why is the base of the lift widened?
7. What are the three types of crutches?
8. What reasons can you think of for different types of crutch gaits?
9. What are the six criteria a patient must meet before he/she can use crutches?
10. What are some ways in which good body mechanics are important to the patient?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES?

1. Each student should carefully examine and become familiar with each assistive device.
2. Handout #1 should be discussed.

LESSON PLAN: 31

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: EXERCISE NEEDS

Evaluation Items:

True/False

In the space provided, place a "T" if the statement is true or an "F" if the statement is false.

_____ 1. Range of motion is the movement of a joint through its full range in all directions. It may be passive, active, or resistive.

_____ 2. A walker is used for extra balance and support for the patient who needs more help than with a cane; may be adjusted to accomodate patient height.

_____ 3. A cane helps put pressure onto weight-bearing joints, allowing the patient to walk with less fatigue, greater stability and speed.

_____ 4. Cane handle should be approximately level with greater trochanter; elbow should be slightly bent when cane is proper length.

_____ 5. Rubber caps at end of walker and cane should be kept clean and replaced when worn.

_____ 6. A walking belt should be gripped at rear waist, palm upward, to help support patient.

_____ 7. A lift is a mechanical device used to lift the disabled, helpless, or obese patient out of bed into a chair, wheelchair, commode, etc.

_____ 8. The seat of the lift should be carefully placed under the patient; S-hooks should be firmly fastened to the straps or seat grommets with the hooks facing toward the patient.

_____ 9. The three types of crutches are: telescopic, axillary, and nonaxillary.

10. List six criteria a patient must meet before he/she can use crutches.

1.

2.

3.

Matching

Match the range of movement name with the appropriate description. Place the letter of the response in the space provided.

_____ 11. Turning outward; moving away from mid-line of body
_____ 12. Movement toward mid-line of body
_____ 13. Bending backward
_____ 14. In referring to an extremity, denotes straightening out a joint
_____ 15. Bending of a joint
_____ 16. Extending beyond ordinary range
_____ 17. Turning downward
_____ 18. Turning upward
_____ 19. Turning or movement of a part on its axis

a. Rotation
b. Extension
c. Pronation
d. Abduction
e. Dorsiflexion
f. Hyperextension
g. Supination
h. Adduction
i. Flexion

LESSON PLAN: 31

COURSE TITLE: HOME HEALTH AIDE

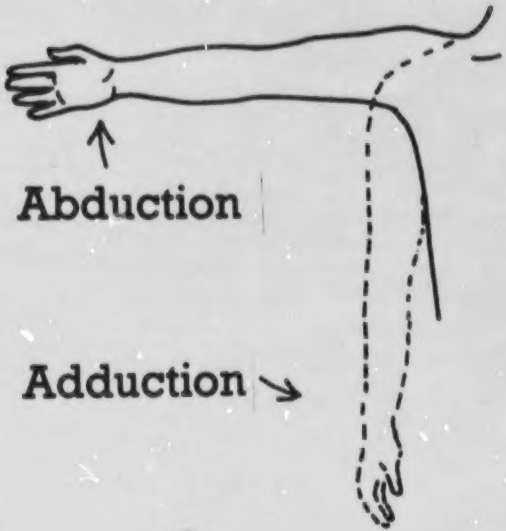
UNIT V: PERSONAL CARE SKILLS

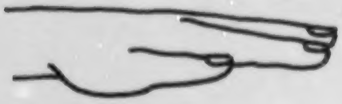
LESSON TITLE: EXERCISE NEEDS

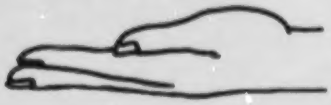
Answers to Evaluation Items:

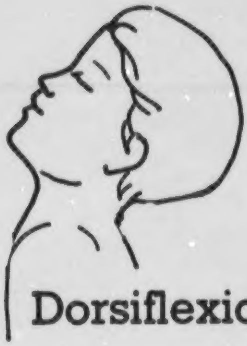
1. T
2. T
3. F
4. T
5. T
6. T
7. T
8. F
9. T
10. See Outline II-D 4-a to f
11. d
12. h
13. e
14. b
15. i
16. f
17. c
18. g
19. a

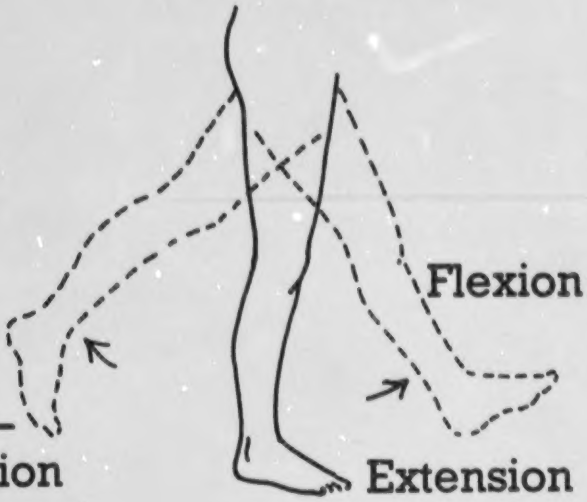
Range of Movement

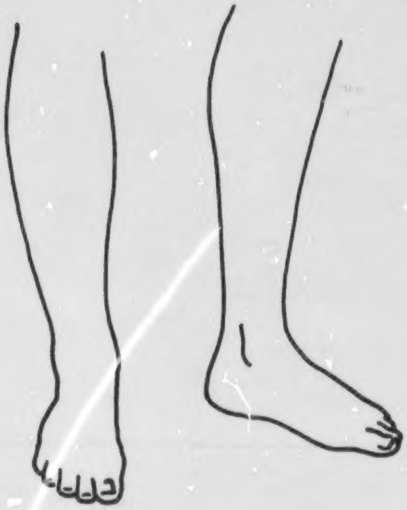

Abduction
Adduction

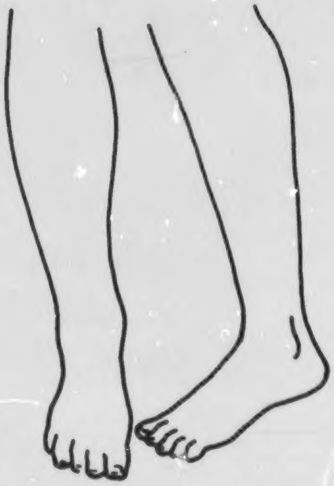

Pronation


Supination


Dorsiflexion


Flexion
Hyper-
extension
Extension


External Rotation


Internal Rotation

LESSON PLAN: 32

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: The unit presents the skill required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: RANGE OF MOTION EXERCISES

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Give range of motion exercises according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Johnston, Dorothy F. Total Patient Care. St. Louis: C.V. Mosby Company, 1972.

INTRODUCTION: Every joint has a specific plane or planes through which it moves. Moving or having parts of the body moved through these normal motions is called "range of motion." The main purposes of these exercises are to keep the joints flexible, prevent muscle weakness and improve muscle tone, and to increase circulation. Range of motion exercises should be given by the aide only when specifically stated on the assignment sheet; the initial exercise session should only be under the supervision of the nurse or physical therapist.

LESSON PLAN: 32

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: RANGE OF MOTION EXERCISES

STEPS OF PROCEDURE:

A. Some Important Considerations:

1. It is important to explain each procedure clearly and carefully. Explanations may often need to be repeated.

2. Body parts above and below joint being exercised need to be supported.

3. Good body mechanics should be practiced during range of motion exercises by both patient and home health aide.

4. Exercise movements should be made in a slow, steady motion.

5. Always stop an exercise if the patient complains of pain or if you meet resistance. Remember that each patient will have different tolerances.

6. The home health aide should give range of motion exercises only when ~~as~~ specifically assigned, in writing, and with proper supervision.

   Note: Unless otherwise stated, all exercises are given with patient in supine position.

B. Hip and leg exercises

1. Support patient's leg by placing one hand under his/her knee and one hand beneath his/her heel.

   a. Raise knee toward patient's chest as far as is comfortable to patient.

   b. Holding knee straight, raise leg upward as high as possible; lower gently.

2. Place hand under patient's ankle; other hand is placed beneath knee.

   a. Rotate patient's leg inward; then rotate outward.

3. Turn patient to lateral or prone position. Support patient's leg with one hand on knee; other hand grasps ankle.

a. Gently move entire leg back as far as possible.

C. Knee Exercises

1. Grasp patient's ankle with one hand; aide's other hand is placed just above underside of knee.

✓ a. Flex knee by lifting knee while sliding heel toward buttocks.

b. Straighten knee completely.

D. Ankle Exercises

1. Grasp patient's heel in palm of hand closest to foot of bed; other hand is placed just above ankle.

a. Flex foot upward toward knee.

b. Flex foot downward toward foot of bed.

c. Bend foot so that sole faces other foot.

d. Bend foot to face sole away from other foot.

E. Toe Exercises

1. Stabilize foot with one hand; use other hand to:

a. Bend toes toward patient's body.

b. Bend toes downward, away from body.

F. Thumb Exercises

1. Grasp patient's hand and fingers; hold thumb with other hand.

a. Rotate thumb in wide circular motion.

b. Bend thumb across palm toward little finger.

c. Bend thumb gently outward away from palm.

G. Finger Exercises

1. Grip forearm and wrist with one hand; use other hand to move patient's fingers.

a. Bend fingers toward palm; straighten.

b. Spread fingers apart; return to normal position.

H. Wrist Exercises

1. Support forearm and wrist with one hand; manipulate patient's wrist and hand with your other hand.

a. Move hand from side to side.

b. Flex wrist forward.

c. Flex wrist backward.

I. Forearm Exercise

1. Rest patient's upper arm on bed; forearm is raised. Place one hand above wrist; other hand holds patient's hand.

   a. Keeping patient's wrist straight, twist palm toward body; twist away from body; return to neutral position.

J. Elbow Exercise

1. Patient's arm rests palm upward on bed. Place one hand above elbow, other hand supports his/her wrist and hand.

   a. Bend elbow, moving hand toward shoulder; return to starting position.

K. Shoulder Exercises

1. Patient's arm rests on bed, palm down. Support patient's elbow; other hand supports his/her wrist and hand; hold arm straight.

   a. Raise arm toward ceiling; continue arc to bring hand above head. Return to starting position.

   b. Move arm away from body, arm remaining level with body, as far toward head of bed as is comfortable to patient. Return to neutral position.

SUMMARY AND CONCLUSION

A. Review Steps of Procedure.

B. Discuss Interaction Items.

LESSON PLAN: 32

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: RANGE OF MOTION EXERCISES

INTERACTION ITEMS:

1. When should range of motion exercises be given by the home health aide?
2. Will all patients tolerate the same range of movement?
3. With exceptions as noted, in what position is the patient placed for passive range of motion exercises?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Instructor demonstrates range of motion exercises.
2. Students practice range of motion exercises on each other.

LESSON PLAN: 32

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: RANGE OF MOTION EXERCISES

Evaluation Items:

Did the student:	Yes	No
A. Hip and leg exercises		
1. Support patient's leg by placing one hand under his knee and one hand beneath his/her heel.	______	______
a. Raise knee toward patient's chest as far as is comfortable to patient.	______	______
b. Holding knee straight, raise leg upward as high as possible; lower gently.	______	______
2. Place hand under patient's ankle; other hand is placed beneath knee.	______	______
a. Rotate patient's leg inward; then rotate outward.	______	______
3. Turn patient to lateral or prone position. Support patient's leg with one hand on knee; other hand grasps ankle.	______	______
a. Gently move entire leg back as far as possible.	______	______
B. Knee Exercises		
1. Grasp patient's ankle with one hand; aide's other hand is placed just above underside of knee.	______	______
a. Flex knee by lifting knee while sliding heel toward buttocks.	______	______
b. Straighten knee completely.	______	______
C. Ankle Exercises		
1. Grasp patient's heel in palm of hand closest to foot of bed; other hand is placed just above ankle.	______	______
a. Flex foot upward toward knee.	______	______
b. Flex foot downward toward foot of bed.	______	______

c. Bend foot so that sole faces other foot. ______ ______

d. Bend foot to face sole away from other foot. ______ ______

D. Toe Exercises

1. Stabilize foot with one hand; use other hand to: ______ ______

a. Bend toes toward patient's body. ______ ______

b. Bend toes downward, away from body. ______ ______

E. Thumb Exercises

1. Grasp patient's hand and fingers; hold thumb with other hand. ______ ______

a. Rotate thumb in wide circular motion. ______ ______

b. Bend thumb across palm toward little finger. ______ ______

c. Bend thumb gently outward away from palm. ______ ______

F. Finger Exercises

1. Grip forearm and wrist with one hand; use other hand to move pa~~t~~tient's fingers. ______ ______

a. Bend fingers toward palm; straighten. ______ ______

b. Spread fingers apart; return to normal position. ______ ______

G. Wrist Exercises

1. Support forearm and wrist with one hand; manipulate patient's wrist and hand with your other hand. ______ ______

a. Move hand from side to side. ______ ______

b. Flex wrist forward. ______ ______

c. Flex wrist backward. ______ ______

H. Forearm Exercise

1. Rest patient's upper arm on bed; forearm is raised. Place one hand above wrist; other hand holds patient's hand. ______ ______

a. Keeping patient's wrist straight, twist palm toward body; twist away from body; return to neutral position. ______ ______

I. Elbow Exercise

1. Patient's arm rests palm upward on bed. Place one hand above elbow, other hand supports his/her wrist and hand. ______ ______

    a. Bend elbow, moving hand toward shoulder; return to starting position. ______ ______

J. Shoulder Exercises

1. Patient's arm rests on bed, palm down. Support patient's elbow; other hand supports his/her wrist and hand; hold arm straight. ______ ______

    a. Raise arm toward ceiling; continue arc to bring hand above head. Return to starting position. ______ ______

    b. Move arm away from body, arm remaining level with body, as far toward head of bed as is comfortable to patient. Return to neutral position. ______ ______

Comments:

LESSON PLAN: 33

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: The unit presents the skill required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: AMBULATE PATIENT

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Ambulate patient according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Walker
2. Cane (quad, single)
3. Belt
4. Patient's clothing

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Bummer, Lillian S. and Suddarth, Doris S. Lippincott Manual of Nursing Practice. Philadelphia: J.B. Lippincott Company, 1974.

Public Health Service. Up and Around. Washington, D.C.: United States Government Printing Office.

INTRODUCTION: The patient who is able to be "up and around" will feel he/she has more control over his/her life and will usually feel he/she has made good progress toward improvement of his/her state of health. The home health aide's supervisor will indicate when the physician feels the patient has regained sufficient strength to resume walking. He/she may still be somewhat weak and apprehensive, so you should remain close beside him/her helping to support him/her if necessary. Assistive devices may be required to help the patient achieve independent mobility.

LESSON PLAN: 33

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: AMBULATE PATIENT

STEPS OF PROCEDURE:

1. Explain procedure to patient.
2. Assemble necessary equipment at bedside.
3. Lower bed and/or place footstool beside bed if needed.
4. Have patient sit up and dangle legs over side of bed.
5. Have patient to put on appropriate dress. Shoes should be sturdy, low-heeled, with non-slippery soles.
6. Assist patient to standing position; pause to allow time for patient to regain balance.
7. If patient is unused to walking, have him/her practice shifting his/her weight while standing, using firm supports on each side; two chairs may be used.
8. The aide should walk with the patient. If he/she does not need a cane, walker, etc., it is good practice to use a walking belt until the patient regains walking proficiency, as this helps provide stability. Should he/she become faint, the patient can be pulled against the home health aide for support and eased to the floor by sliding the patient along his/her body.
9. If there is a one sided weakness, the home health aide should walk slightly behind the patient on the weak side. One arm is placed behind the patient with the hand resting on hip on patient's strong side. The aide's other hand is placed in front of the shoulder on the patient's weak side.
10. Use of walker:
    A. Repeat steps one through seven.
    B. Instruct patient to position body within frame of walker.
    C. Walker is moved forward with weak foot to take step.
    D. In second step, patient moves strong foot forward.

11. Use of cane:

    A. Repeat steps one through seven.

    B. Patient should use short steps and keep head up with eyes forward.

    C. Cane is placed ahead and slightly to outer side of strong foot.

    D. Just after cane is placed, patient's weak foot is swung forward even with cane.

    E. Weight is shifted to cane and weak foot, as strong foot is swung forward, completing step.

12. Allow ambulation as tolerated or as ordered by physician.

13. Record patient's emotional and physical reaction to ambulation.

SUMMARY AND CONCLUSION:

1. Review Steps of Procedure.

2. Discuss Interaction Items.

LESSON PLAN: 33

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: AMBULATE PATIENT

INTERACTION ITEMS:

1. Why should a pause be allowed as patient is changing positions?
2. What should the home health aide do if the patient feels faint?
3. How long should the patient ambulate?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Students practice using assistive devices: walker and cane.

LESSON PLAN: 33

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: AMBULATE PATIENT

Evaluation Items:

Did the student:		Yes	No
1.	Explain procedure to patient.		
2.	Assemble necessary equipment at bedside.		
3.	Lower bed and/or place footstool beside bed if needed.		
4.	Have patient sit up and dangle legs over side of bed.		
5.	Have patient to put on appropriate dress. Shoes should be sturdy, low-heeled, with non-slippery soles.		
6.	Assist patient to standing position; pause to allow time for patient to regain balance.		
7.	If patient is unused to walking, have him/her practice shifting his/her weight while standing, using firm supports on each side; two chairs may be used.		
8.	The aide should walk with the patient.		
9.	If there is a one sided weakness, the home health aide should walk slightly behind the patient on the weak side.		
10.	Use of walker:		
	A. Repeat steps one through seven.		
	B. Instruct patient to position body within frame of walker.		
	C. Walker is moved forward with weak foot to take step.		
	D. In second step, patient moves strong foot forward.		

11. Use of cane:

A. Repeat steps one through seven. ______ ______

B. Patient should use short steps and keep head up with eyes forward. ______ ______

C. Cane is placed ahead and slightly to outer side of strong foot. ______ ______

D. Just after cane is placed, patient's weak foot is swung forward even with cane. ______ ______

E. Weight is shifted to cane and weak foot, as strong foot is swung forward, completing step. ______ ______

12. Allow ambulation as tolerated or as ordered by physician. ______ ______

13. Record patient's emotional and physical reaction to ambulation. ______ ______

Comments:

LESSON PLAN: 34

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: The unit presents the skill required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: TURN/POSITION PATIENT

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Position patient in supine position according to steps of procedure.
2. Postiion patient in lateral position according to steps of procedure.
3. Position patient in prone position according to steps of procedure.
4. Position Fowler's position.
5. Position Trendelenburg position.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Bed
2. Pillows
3. Folded sheets
4. Side rails
5. Folded towels
6. Footboard
7. Foot cradle
8. Handout #1: Turn/Position Patient

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Bummer, Lillian S. and Sudarth, Doris S. Lippincott Manual of Nursing Practice. Philadelphia: J.B. Lippincott Company, 1974.

INTRODUCTION: Frequent turning and reposition of the patient is essential in prevention of fatigue, contractures, decubiti, and some respiratory problems. Proper positioning maintains good body mechanics and posture of the patient in bed is just as important as good posture when standing.

LESSON PLAN: 34

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: TURN/POSITION PATIENT

STEPS OF PROCEDURE:

I. General Information

A. The home health aide should teach family members or caretakers how to turn and position patient; a helpless patient needs to be repositioned at very frequent intervals both night and day (at least every two hours).

B. Support should be given to patient's spine and joints to maintain good body mechanics and to prevent discomfort and fatigue.

C. Having to rely on someone else to move his/her body, even on a temporary basis, requires a significant emotional adjustment for the patient; be understanding, encouraging and supportive of him/her.

D. If back rest, foot board, side rails, and other equipment are not available, improvise.

E. Patient may have to be pulled to one side of bed before he/she can be turned, in order to avoid rolling him/her off the bed. Slide him/her toward you with one hand beneath his/her shoulders and one beneath his/her hips.

F. Patient should be encouraged to help if he/she is able.

G. The home health aide should remember to practice good body mechanics when turning patient in order to avoid injury.

II. Steps of Procedure (See Handout #1)

A. Bring necessary equipment to bedside.

B. Explain procedure to patient.

C. Remove pillows and rolls from bed; adjust bed to level position at hip height if possible.

D. Lower side rail nearest you.

E. To position patient on back (dorsal or supine position):

1. Maintain good body mechanics: stand as close to bed as possible; place one foot slightly ahead of the other; flex knees; keep hips straight.

2. Put one arm under patient's shoulders; other arm beneath patient's hip.

3. Pull patient's lower hip and shoulder toward you; at the same time turn his upper hip and shoulder away from you, turning him onto his back.

4. Align patient's head, legs, and body; place pillow under head and neck.

5. Place folded sheet, towel, or small pillow under small of back.

6. Place pillow or folded towel beneath knees to keep slightly flexed.

7. Be sure toes are pointed at ceiling; use cradle or footboard. If footboard is not padded, pad with folded towel, sheet, or bath blanket.

8. Placed rolled small towels under greater trochanter areas to prevent external hip rotation.

9. Arms are flexed at elbow with hands resting against lateral abdomen.

10. Cover patient and replace side rail.

F. Turn patient on side (side-lying or lateral position):

1. Follow steps A through D.

2. Cross patient's far leg over near leg.

3. Cross patient's far arm over chest. Be sure near arm is abducted.

4. Place one hand on patient's far hip; other hand on far shoulder.

5. Remembering to use good body mechanics, roll patient toward you with a gentle, even motion; shift your weight from foot nearest bed to back foot.

6. Be sure patient's body is in alignment and is not twisted.

7. Place pillow under head and neck.

8. Place pillow securely against back.

9. Place arm rest to mattress with elbow at 90° angle; forearm resting against pillow under head.

10. Place pillow in front of patient with elbow flexed, arm slightly abducted, rest arm on pillow.

11. Place pillow under upper leg and foot.

12. If patient is properly aligned, an imaginary line can be drawn from top of head to sole of lower foot.

13. Cover patient and raise siderail.

G. Turning patient onto abdomen (prone position):

Note: Directions may be reversed to opposite direction.

1. Repeat steps A through D.

2. Straighten lower arm; place palm up next to thigh. Place pillow so that when patient is turned it will support the abdomen and lower chest.

3. Place one hand on upper shoulder, other hand over upper hip.

4. Roll patient slowly toward you onto abdomen; do not forget to flex your knees and shift your weight.

5. Be sure patient's arm is not caught beneath body; head is turned to right side and free of pillow.

6. Abduct right arm to 90° angle to body. Flex elbow so that forearm forms 90° angle to upper arm. Support shoulder, elbow, and wrist with pillow.

7. Position left arm at side, slightly abducted so that only right dorsum of hand rests on mattress. Place pad under shoulder.

8. Flex right leg at 45° angle; flex knee at 45° angle. Place pillows to support entire leg and all joints.

9. Left leg is straight, turned slightly outward.

10. Cover patient; raise siderail.

H. Fowler's Position

1. Head of patient is raised 18 - 20 inches above level or a backrest at a 45° angle is used.

2. Knees are slightly bent and supported.

I. Trendelenburg Position

1. Patient's head and shoulders are lower than extremities (foot of bed is placed on blocks).

III. Summary and Conclusion

1. Review Steps of Procedure,
2. Discuss Interaction Items.

LESSON PLAN: 34

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: TURN/POSITION PATIENT

INTERACTION ITEMS:

1. Why should pillows and rolls be removed from bed before turning patient?
2. Why are pillows and pads used under joints?
3. Which direction does the patient face when in the dorsal position?
4. Which direction does the patient face when in the lateral position?
5. What is the Fowler's position?
6. What are some possible reasons for use of the Trendelenburg position?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Instructor demonstrates patient turning and positioning, using student volunteers.
2. Students practice turning and positioning each other.
3. Students perform return demonstrations.

LESSON PLAN: 34

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: TURN/POSITION PATIENT

Evaluation Items:

Did the student		Yes	No
A.	Bring necessary equipment to bedside.		
B.	Explain procedure to patient.		
C.	Remove pillows and rolls from bed; adjust bed to level position at hip height if possible.		
D.	Lower side rail nearest you.		
E.	To position patient on back (dorsal or supine position):		
1.	Maintain good body mechanics: stand as close to bed as possible; place one foot slightly ahead of the other; flex knees; keep hips straight.		
2.	Put one arm under patient's shoulders; other arm beneath patient's hip.		
3.	Pull patient's lower hip and shoulder toward you; at the same time turn his/her upper hip and shoulder away from you, turning him/her onto his/her back.		
4.	Align patient's head, legs, and body; place pillow under head and neck.		
5.	Place folded sheet, towel, or small pillow under small of back.		
6.	Place pillow or folded towel beneath knees to keep slightly flexed.		
7.	Be sure toes are pointed at ceiling; use cradle or footboard. If footboard is not padded, pad with folded towel, sheet, or bath blanket.		
8.	Placed rolled small towels under greater trochanter areas to prevent external hip rotation.		
9.	Arms are flexed at elbow with hands resting against lateral abdomen.		

10. Cover patient and replace side rail. ______ ______

F. Turn patient on side (side-lying or lateral position): ______ ______

1. Follow steps A through D. ______ ______

2. Cross patient's far leg over near leg. ______ ______

3. Cross patient's far arm over chest. Be sure near arm is abducted. ______ ______

4. Place one hand on patient's far hip; other hand on far shoulder. ______ ______

5. Remembering to use good body mechanics, roll patient toward you with a gentle, even motion; shift your weight from foot nearest bed to back foot. ______ ______

6. Be sure patient's body is in alignment and is not twisted. ______ ______

7. Place pillow under head and neck. ______ ______

8. Place pillow securely against back. ______ ______

9. Place arm rest to mattress with elbow at 90° angle; forearm resting against pillow under head. ______ ______

10. Place pillow in front of patient with elbow flexed, arm slightly abducted, rest arm on pillow. ______ ______

11. Place pillow under upper leg and foot. ______ ______

12. If patient is properly aligned, an imaginary line can be drawn from top of head to sole of lower foot. ______ ______

13. Cover patient and raise siderail. ______ ______

G. Turning patient onto abdomen (prone position):

1. Repeat steps A through D. ______ ______

2. Straighten lower arm; place palm up next to thigh. Place pillow so that when patient is turned it will support the abdomen and lower chest. ______ ______

3. Place one hand on upper shoulder, other hand over upper hip. ______ ______

4. Roll patient slowly toward you onto abdomen; do not forget to flex your knees and shift your weight. ______ ______

5. Be sure patient's arm is not caught beneath body; head is turned to right side and free of pillow.

6. Abduct right arm to 90° angle to body. Flex elbow so that forearm forms 90° angle to upper arm. Support shoulder, elbow, and wrist with pillow.

7. Position left arm at side, slightly abducted so that only right dorsum of hand rests on mattress. Place pad under shoulder.

8. Flex right leg at 45° angle; flex knee at 45° angle. Place pillows to support entire leg and all joints.

9. Left leg is straight, turned slightly outward.

10. Cover patient; raise siderail.

H. Fowler's Position

1. Head of patient is raised 18 - 20 inches above level or a backrest at a 45° angle is used.

2. Knees are slightly bent and supported.

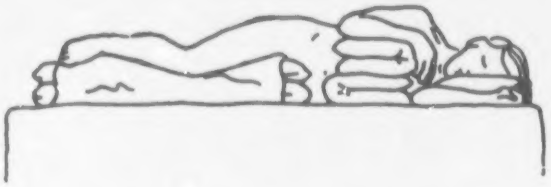
I. Trendelenburg Position

1. Patient's head and shoulders are lower than extremities (foot of bed is placed on blocks).

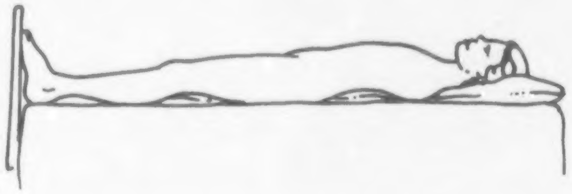
Comments:

Handout 1

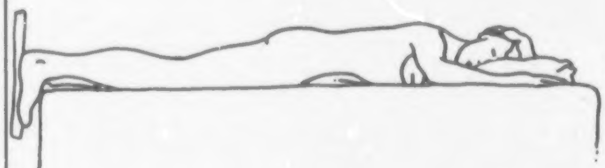
Turn/Position Patient



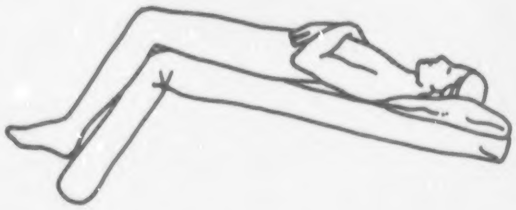
Lateral Position



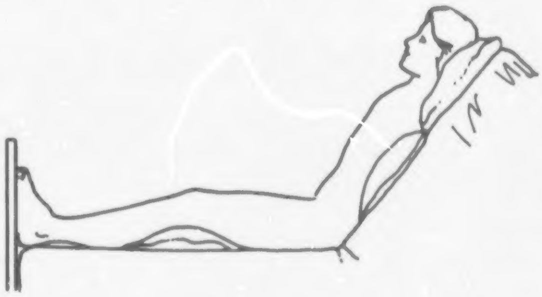
Supine Position



Prone Position



Trendelenburg Position



NOTE: Bend of hips at bend of mattress.

Fowler's Position

LESSON PLAN: 35

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: The unit presents the skill required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: ASSIST PATIENT TO WHEELCHAIR/GERIATRIC CHAIR/COMMODE AND BACK TO BED

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Assist the patient to wheelchair/geriatric chair/commode and back to bed according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Robe and clothing
2. Slippers and shoes
3. Footstool
4. Chair or wheelchair
5. Pillows
6. Commode
7. Bath blanket
8. Disposable pad
9. Laprobe

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Selected Text: Appropriate pages

Cooley, Donald G., Ed. Family Medical Guide. New York: Meredith Press, 1966.

INTRODUCTION: Patients should be encouraged to sit up and get out of bed as much as their physical condition allows; the health care plan or the supervisor will indicate when it is safe for the patient to do so. Sitting up is the patient's first step toward regaining independence. If the patient is unable to walk, one way to make him mobile is to put him into a wheelchair or geriatric chair.

This procedure may also be used for transferring patient from bed to armchair or commode. Do not leave patient alone on the commode.

LESSON PLAN: 35

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: ASSIST PATIENT TO WHEELCHAIR/GERIATRIC CHAIR/COMMODE AND BACK TO BED

STEPS OF PROCEDURE:

1. Explain procedure to patient.
2. Place wheelchair, geriatric chair, or commode parallel to bed and slightly turned toward him/her on patient's strongest side.
3. Be sure wheelchair brakes are locked and footrests are out of the way.
4. Cover chair with bath blanket and/or protective pads if needed.
5. If patient has hospital bed, lower bed and side rails. If regular bed is too high, a footstool may be needed.
6. Assist patient to sitting position with legs dangling over side of bed.
7. Help patient put on clothing or robe and shoes or slippers.
8. Standing directly in front of patient, place your hands, palm side, under his/her armpits. Have patient place his/her hands on your shoulders.
9. Help patient rise to standing position. Pause for balance adjustment.
10. Observe patient for dizziness.
11. Have patient take small steps while turning his/her back toward chair, until back of his/her legs touch chair. Pivot your feet as patient turns.
12. Have patient take hold of armrests of chair; assist him/her to lower himself/herself into chair. Flex you hips and knees as you lower patient.
13. Have patient slide hips back into chair and sit squarely for good body alignment. Help position patient with pillows if needed.
14. Adjust wheelchair footrests.
15. Cover patient's legs with bath blanket or laprobe.
16. Reverse process for getting out of chair.
17. Record patient's reaction to sitting up, to the transfer, and if he/she was able to be up for the prescribed time.

BEST COPY AVAILABLE

LESSON PLAN: 35

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: ASSIST PATIENT TO WHEELCHAIR/GERIATRIC CHAIR/COMMODE AND BACK TO BED

INTERACTION ITEMS:

1. What observations should you make when helping the patient to stand?
2. Why should you stand directly in front of the patient when helping him/her to stand?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Instructor demonstrates assisting patient to a wheelchair/geriatric chair/commode and back to bed.
2. Students practice assisting each other to a wheelchair/geriatric chair/commode and back to bed.

LESSON PLAN: 35

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: ASSIST PATIENT TO WHEELCHAIR/GERIATRIC CHAIR/COMMODE AND BACK TO BED

Evaluation Items:

Did the student:		Yes	No
1.	Explain procedure to patient.		
2.	Place wheelchair, geriatric chair, or commode parallel to bed and slightly turned toward him/her on patient's strongest side.		
3.	Be sure wheelchair brakes are locked and footrests are out of the way.		
4.	Cover chair with bath blanket and/or protective pads if needed.		
5.	If patient has hospital bed, lower bed and side rails. If regular bed is too high, a footstool may be needed.		
6.	Assist patient to sitting position with legs dangling over side of bed.		
7.	Help patient put on clothing or robe and shoes or slippers.		
8.	Standing directly in front of patient, place your hands, palm side, under his/her armpits. Have patient place his/her hands on your shoulders.		
9.	Help patient rise to standing position. Pause for balance adjustment.		
10.	Observe patient for dizziness.		
11.	Have patient take small steps while turning his/her back toward chair, until back of his/her legs touch chair. Pivot your feet as patient turns.		
12.	Have patient take hold of armrests of chair; assist him/her to lower himself/herself into chair. Flex you hips and knees as you lower patient.		

13. Have patient slide hips back into chair and sit squarely for good body alignment. Help position patient with pillows if needed. ______ ______

14. Adjust wheelchair footrests. ______ ______

15. Cover patient's legs with bath blanket or laprobe. ______ ______

16. Reverse process for getting out of chair. ______ ______

17. Record patient's reaction to sitting up, to the transfer, and if he/she was able to be up for the prescribed time. ______ ______

Comments:

LESSON PLAN: 36

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

SCOPE OF UNIT: The unit presents the skill required for the hygiene and grooming of patients by the home health aide. Demonstrations and return demonstrations help clarify and reinforce the techniques of these skills. The reasons for the various aspects of personal care are also discussed.

LESSON TITLE: CARE OF ORTHOPEDIC EQUIPMENT

LESSON OBJECTIVES: THE STUDENT SHOULD BE ABLE TO:

1. Relate care for wheelchair.
2. Relate care for braces.
3. Relate care for hearing aid.
4. Relate care for cane, crutch, walker.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Wheelchair
2. Brace
3. Cane
4. Crutch
5. Walker
6. Orthopedic pad or roll

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

INTRODUCTION: Orthopedic equipment and hearing aids can be expensive; they will generally last longer if properly maintained and cared for. The home health aide can help the patient do periodic checks and simple maintainence on his/her equipment to keep it in top working condition, as well as spotting potentially hazardous problems. If you are ever in doubt as to whether a piece of equipment is functioning properly, notify your supervisor. Teach your patient or his/her family to care for the equipment so that they can maintain a safe environment for the patient in your absence.

LESSON PLAN: 36

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: CARE OF ORTHOPEDIC EQUIPMENT

OUTLINE: (Key Points)

I. Wheelchair

A. If chair has safety belt, it should periodically be wiped clean. Check to see that belt is not cracked or torn, buckle holds well and is free of rough edges.

B. Wheels need a few drops of oil applied at hub.

C. Handrails, grips, and handrests need frequent cleaning.

D. Wipe vinyl or leather upholstery with mild cleaner and soft cloth regularly to remove dirt and oils.

E. Fold and unfold chair properly to avoid damage to seat or mechanisms. Fold by pushing down on the rims to which the seat is attached.

F. Be certain wheel locks are operational. They should hold securely; should always be used when getting in or out of chair.

G. Check condition of footrests. They should be sturdy when lowered. Be sure they will raise easily. If they are hard to manipulate, it is tempting to get into chair without raising footrests, possibly resulting in injury.

II. Braces

A. Check all leather parts often. Clean with saddle soap or other cleaner made for use with leather. Repair as needed (may have to be taken to leather repair shop). Replace if necessary.

B. Check entire brace carefully. Note condition of all parts, especially buckles and straps. Also check for missing or loose screws, rough edges, and worn areas. Excessive wear may expose an interior surface that could irritate the skin.

C. Check alignment; twisting may occur with use. Joints of brace should concur with body joints.

D. Do not hang brace when not in use. Place on flat surface in good alignment to avoid distortion.

E. All locks and clasps should be cleaned frequently with a hairpin or fine wire, then a drop of light oil placed on the joint.

III. Hearing Aids

A. Handle gently; avoid dropping hearing aid.

B. The use of hair sprays should be avoided when wearing a hearing aid.

C. Ear mold should be washed with mild soap and warm water. Dry thoroughly using a pipe cleaner to dry cannula (never wash any other part of the hearing aid). Snap dry ear mold back onto receiver.

D. If hearing aid is not functioning, replace battery; be sure plus (+) and minus (-) signs are aligned properly.

E. Check cord often for cracks or breaks; replace if necessary.

F. When hearing aid is not in use it should be placed in its proper container and stored in a safe spot, away from extremes of hot and cold.

G. If patient complains of whistling or feedback when wearing hearing aid, check to see that it is properly positioned. Also check the volume control; check the ear mold for tightness and proper insertion.

IV. Other

A. Canes, crutches, and walkers

1. Check and frequently clean rubber tips to remove soil and wax that may cause slipping. Replace rubber tip when worn.

2. Clean handgrips often.

3. Check for cracks in wood or aluminum that may indicate structural instability.

4. Check for splinters, loose or missing screws, bent tubing, etc. Repair or take to shop.

B. Guards, pads, and rolls

1. If possible turn item at intervals to promote even wear.

2. If entire item is not washable, remove and wash cover.

V. Summary and Conclusion

  A. Review Key Points.

  B. Discuss Interaction Items.

  C. Encourage students to examine equipment.

LESSON PLAN: 36

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: CARE OF ORTHOPEDIC EQUIPMENT

INTERACTION ITEMS:

1. What are some points of wheelchair care?
2. What are some reasons for equipment care?
3. Does it matter how a hearing aid battery is inserted?
4. How could hair spray harm a hearing aid?
5. How should the pad on a footguard be cleaned?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Encourage students to examine and become familiar with equipment.

LESSON PLAN: 36

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: CARE OF ORTHOPEDIC EQUIPMENT

Evaluation Items:

1. List four points of wheelchair maintenance which the home health aide can perform.

    1.

    2.

    3.

    4.

2. List three points of maintaining braces.

    1.

    2.

    3.

3. List two important areas to check when caring for canes, crutches, and walkers.

    1.

    2.

4. List four important points in hearing aid care.

1.

2.

3.

4.

LESSON PLAN: 36

COURSE TITLE: HOME HEALTH AIDE

UNIT V: PERSONAL CARE SKILLS

LESSON TITLE: CARE OF ORTHOPEDIC EQUIPMENT

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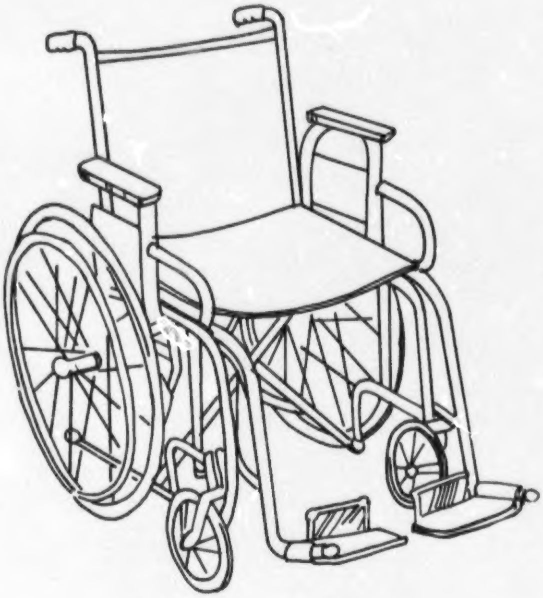
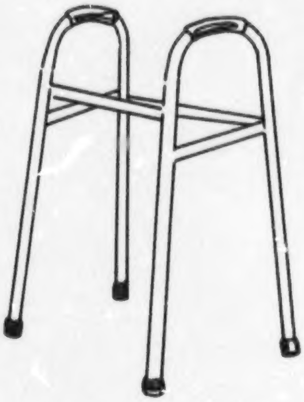
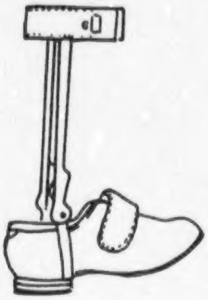
1. See Outline I-A - G
2. See Outline I-A - E.
3. See Outline IV-A.
4. See Outline III-A - G.

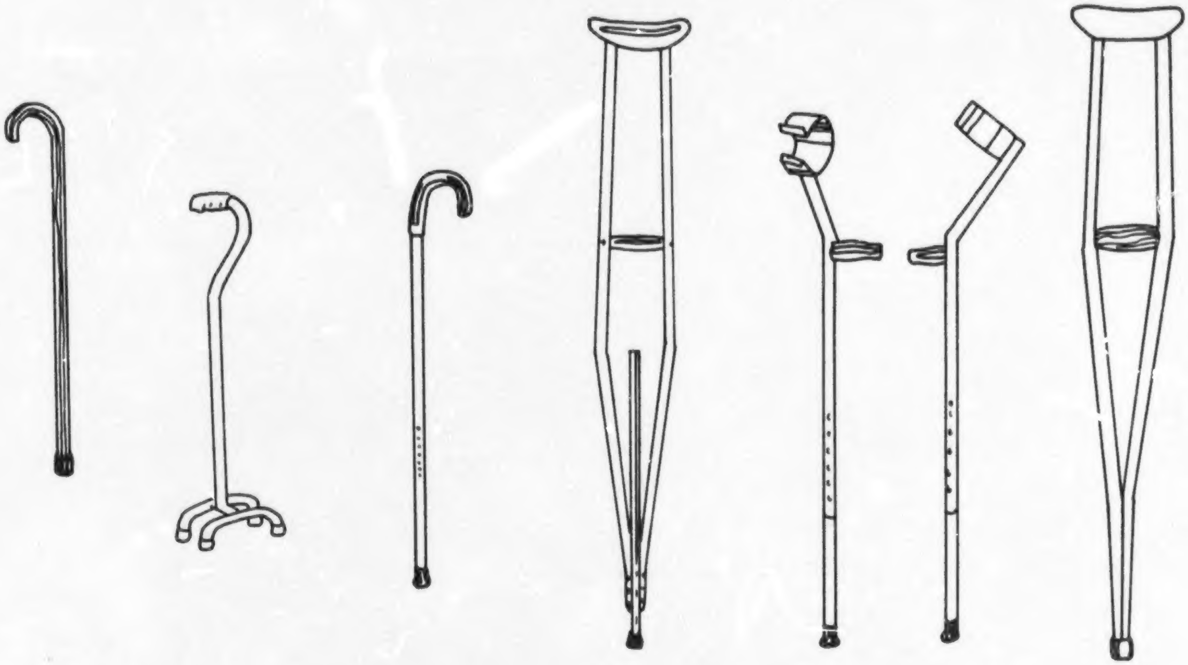
Handout 1

Examples of Orthopedic Equipment



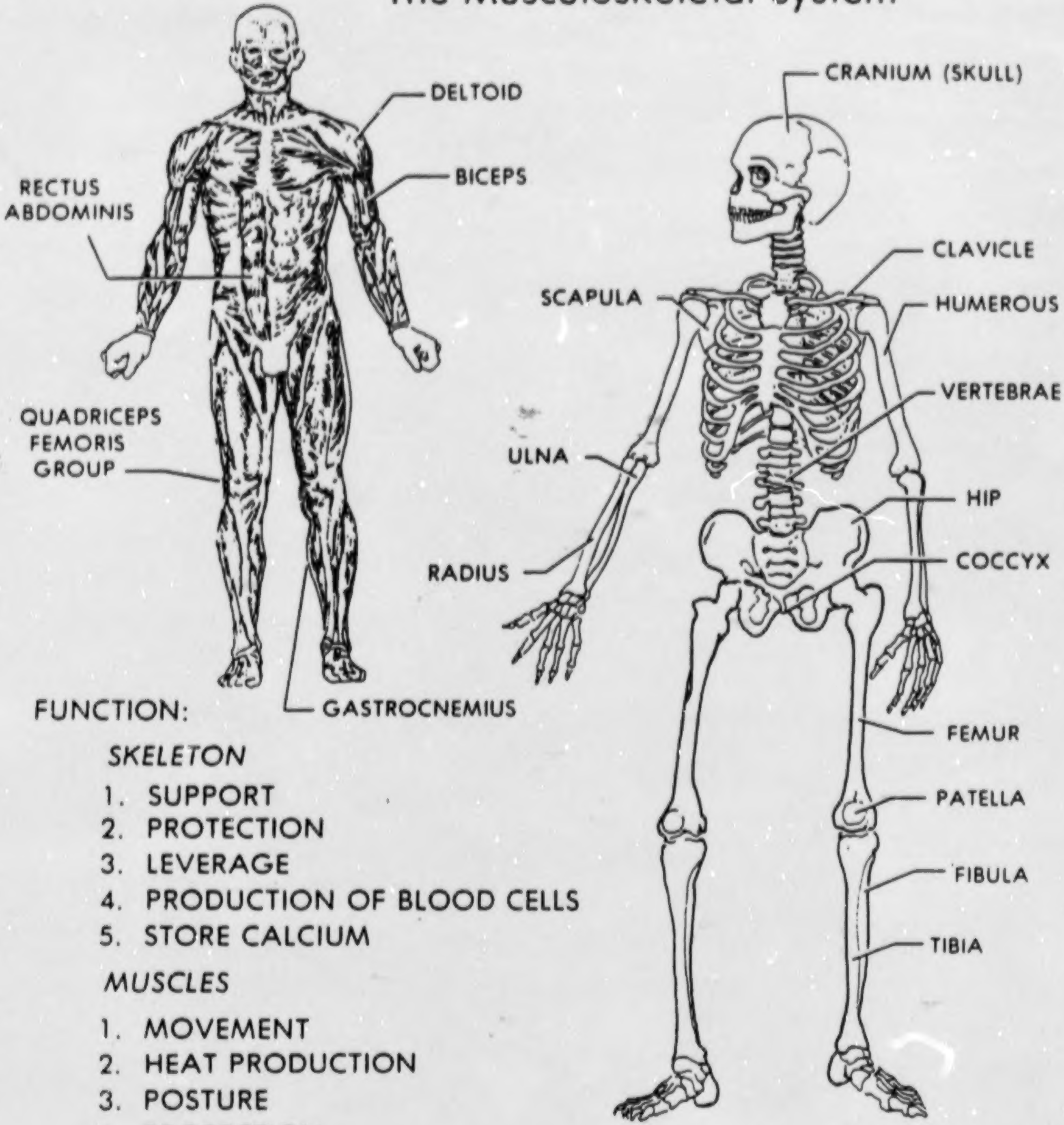






Appendix A

The Musculoskeletal System


DELTOID
RECTUS ABDOMINIS
BICEPS
QUADRICEPS FEMORIS GROUP
GASTROCNEMIUS
CRANIUM (SKULL)
CLAVICLE
SCAPULA
HUMEROUS
VERTEBRAE
ULNA
HIP
RADIUS
COCCYX
FEMUR
PATELLA
FIBULA
TIBIA

FUNCTION:

SKELETON

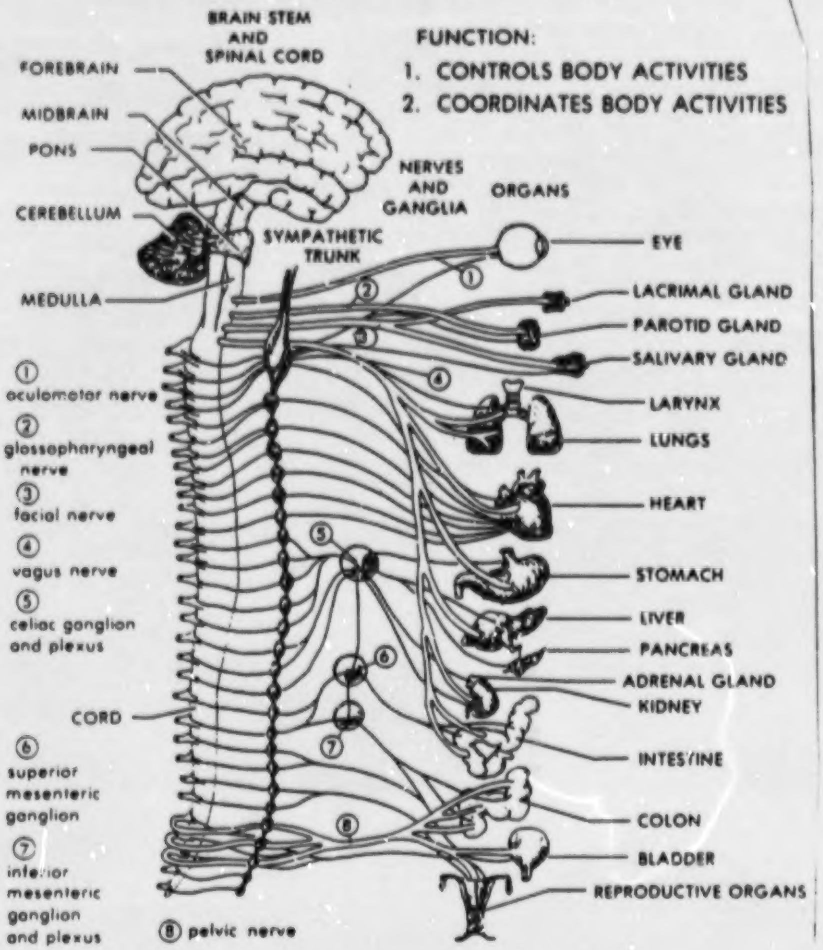
1. SUPPORT
2. PROTECTION
3. LEVERAGE
4. PRODUCTION OF BLOOD CELLS
5. STORE CALCIUM

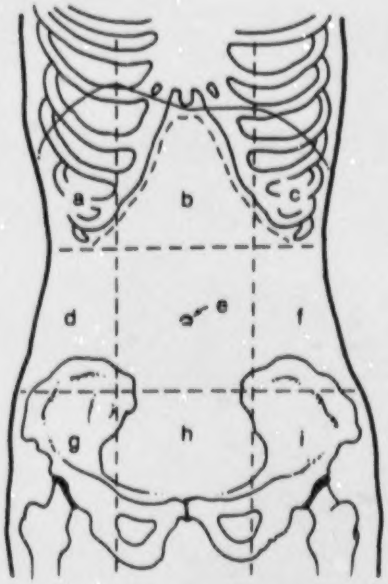
MUSCLES

1. MOVEMENT
2. HEAT PRODUCTION
3. POSTURE
4. PROTECTION

Appendix B

The Nervous System


BRAIN STEM AND SPINAL CORD
FUNCTION:
1. CONTROLS BODY ACTIVITIES
2. COORDINATES BODY ACTIVITIES
FOREBRAIN
MIDBRAIN
PONS
CEREBELLUM
MEDULLA
NERVES AND GANGLIA
ORGANS
SYMPATHETIC TRUNK
① oculomotor nerve
② glossopharyngeal nerve
③ facial nerve
④ vagus nerve
⑤ celiac ganglion and plexus
CORD
⑥ superior mesenteric ganglion
⑦ inferior mesenteric ganglion and plexus
⑧ pelvic nerve
EYE
LACRIMAL GLAND
PAROTID GLAND
SALIVARY GLAND
LARYNX
LUNGS
HEART
STOMACH
LIVER
PANCREAS
ADRENAL GLAND
KIDNEY
INTESTINE
COLON
BLADDER
REPRODUCTIVE ORGANS

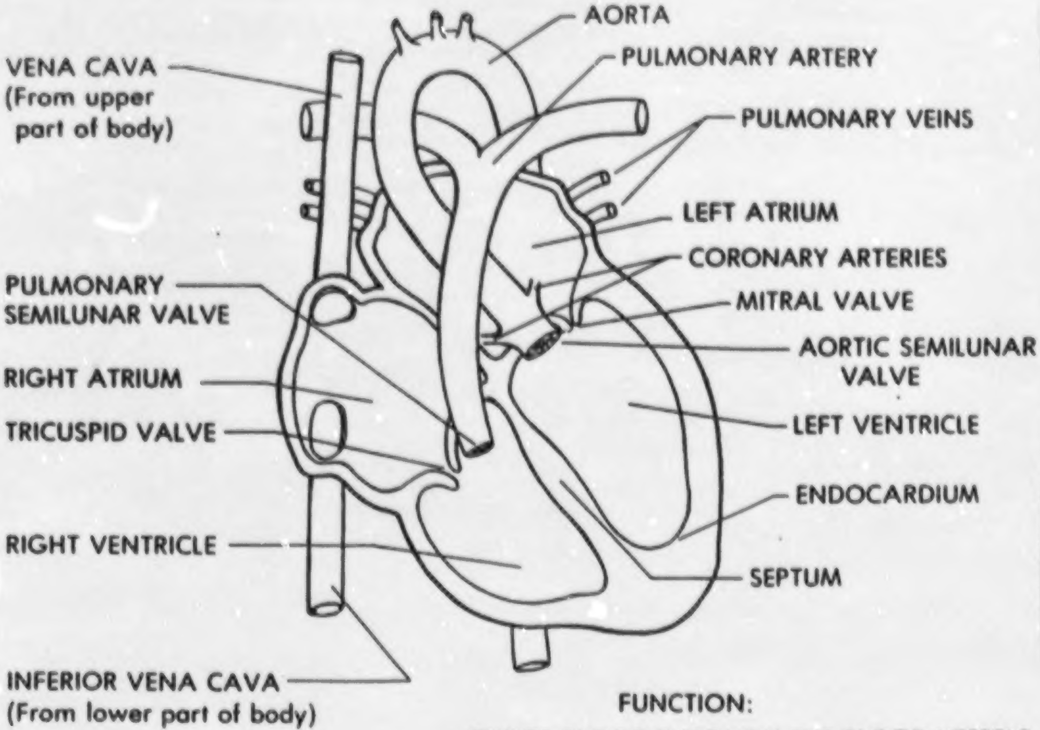


Regions of Abdomen

A. right hypochondriac
B. epigastric
C. left hypochondriac
D. right lumbar
E. umbilical
F. left lumbar
G. right iliac
H. hypogastric
I. left iliac

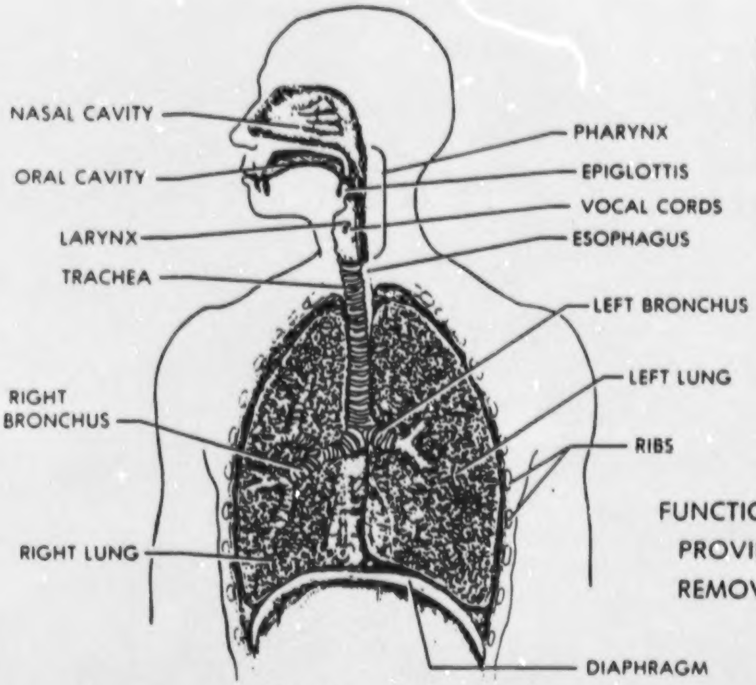
Appendix C

THE HEART


AORTA
PULMONARY ARTERY
VENA CAVA (From upper part of body)
PULMONARY VEINS
LEFT ATRIUM
CORONARY ARTERIES
PULMONARY SEMILUNAR VALVE
MITRAL VALVE
AORTIC SEMILUNAR VALVE
RIGHT ATRIUM
TRICUSPID VALVE
LEFT VENTRICLE
ENDOCARDIUM
RIGHT VENTRICLE
SEPTUM
INFERIOR VENA CAVA (From lower part of body)

FUNCTION:
PUMPS BLOOD THROUGH THE BLOOD VESSELS

RESPIRATORY SYSTEM

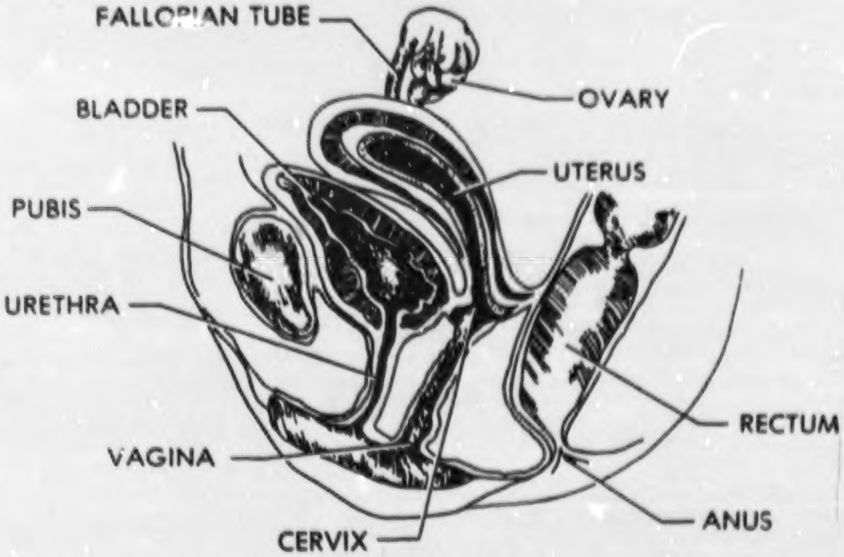

NASAL CAVITY
PHARYNX
EPIGLOTTIS
ORAL CAVITY
VOCAL CORDS
LARYNX
ESOPHAGUS
TRACHEA
LEFT BRONCHUS
LEFT LUNG
RIGHT BRONCHUS
RIBS
RIGHT LUNG
DIAPHRAGM

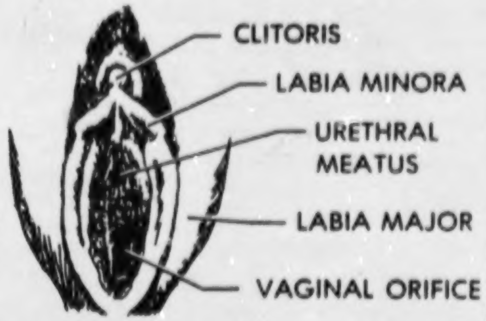
FUNCTION:
PROVIDES OXYGEN TO CELLS
REMOVES WASTES IN THE FORM OF CO_2

Appendix D

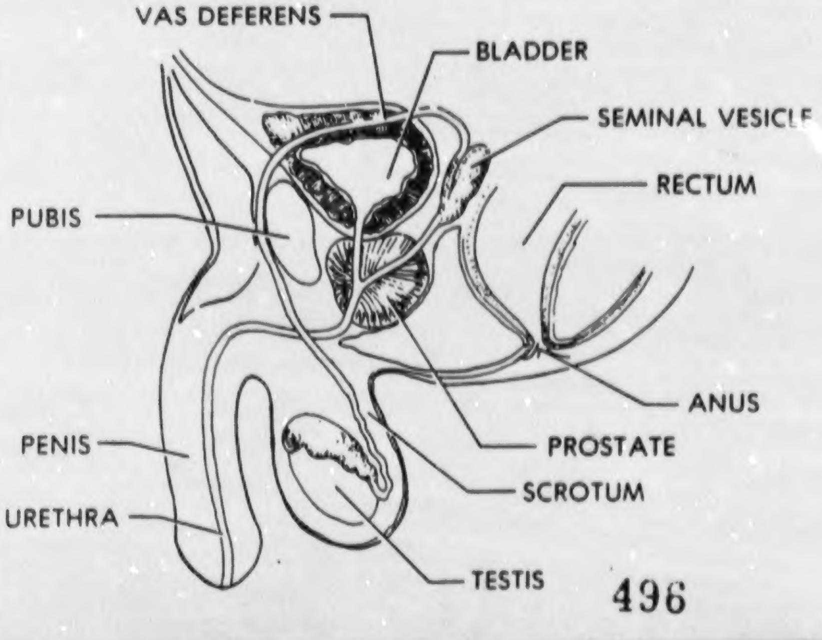
FEMALE REPRODUCTIVE SYSTEM

FUNCTION: REPRODUCES ORGANISMS LIKE ITSELF


FALLOPIAN TUBE
OVARY
BLADDER
UTERUS
PUBIS
URETHRA
RECTUM
VAGINA
ANUS
CERVIX


CLITORIS
LABIA MINORA
URETHRAL MEATUS
LABIA MAJOR
VAGINAL ORIFICE

MALE REPRODUCTIVE SYSTEM

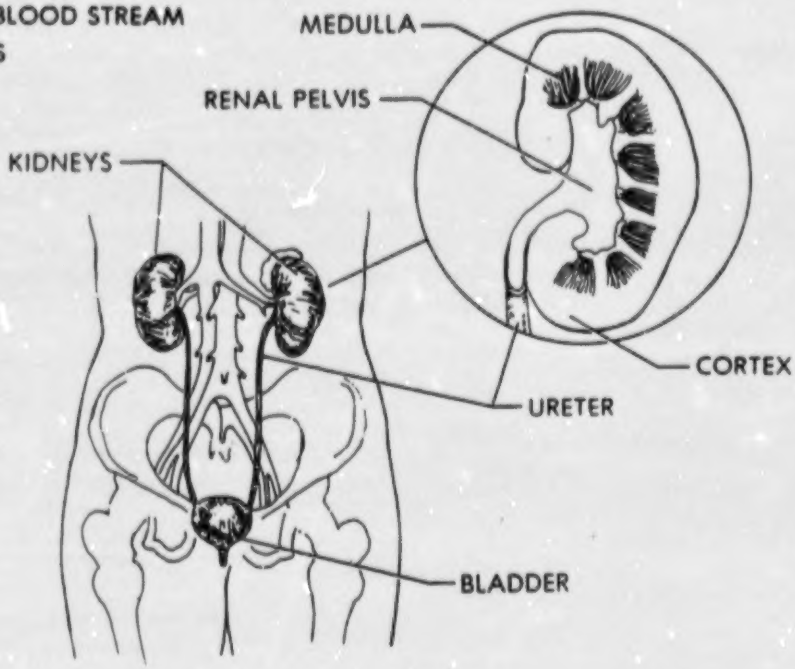

VAS DEFERENS
BLADDER
SEMINAL VESICLE
RECTUM
PUBIS
ANUS
PENIS
PROSTATE
SCROTUM
URETHRA
TESTIS

Appendix E

THE URINARY SYSTEM

FUNCTION:

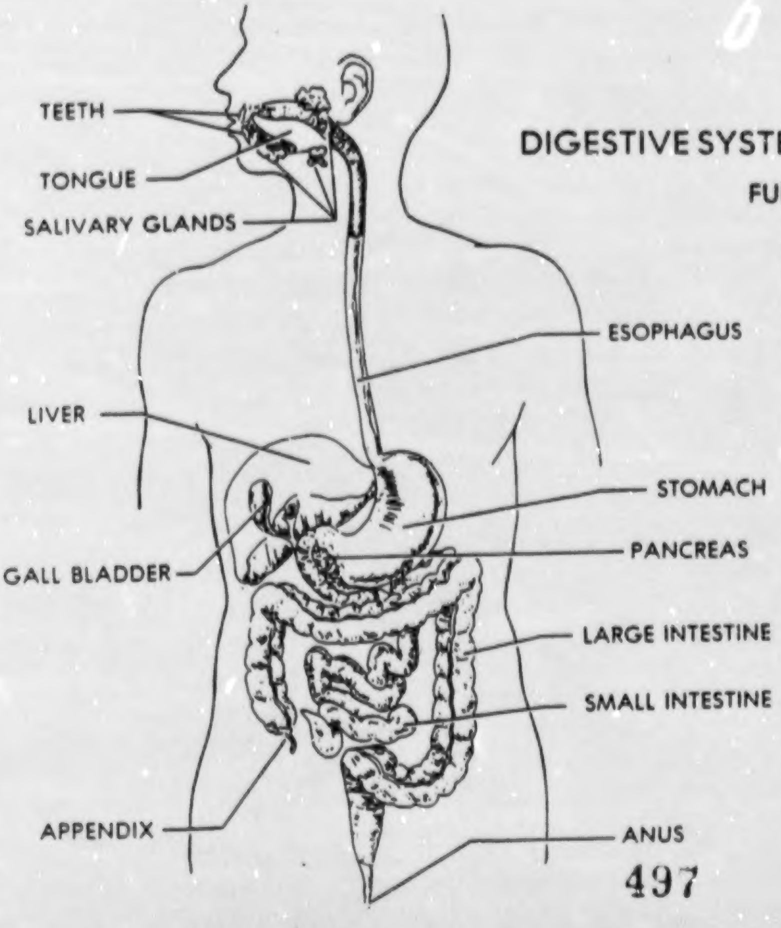
- PRODUCES URINE
- REMOVES WASTES FROM BLOOD STREAM
- MAINTAINS HOMEOSTASIS


MEDULLA
RENAL PELVIS
KIDNEYS
CORTEX
URETER
BLADDER

DIGESTIVE SYSTEM

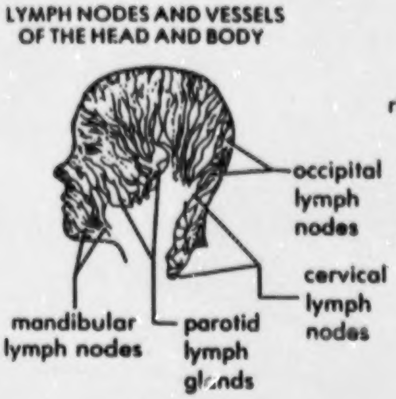
FUNCTION:

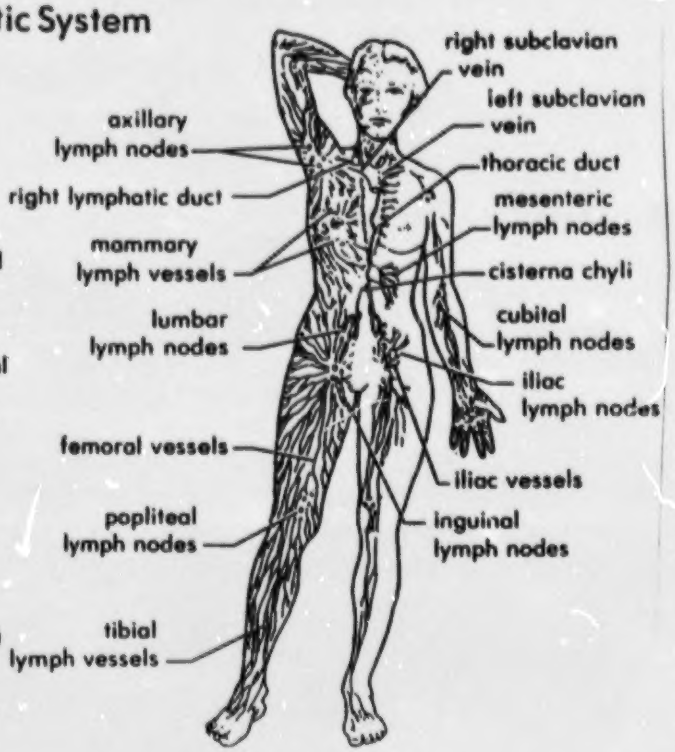
- INGESTS FOOD
- PREPARES FOOD FOR USE BY THE BODY
- EXCRETES WASTES


TEETH
TONGUE
SALIVARY GLANDS
ESOPHAGUS
LIVER
STOMACH
PANCREAS
GALL BLADDER
LARGE INTESTINE
SMALL INTESTINE
APPENDIX
ANUS

Appendix F

The Lymphatic System

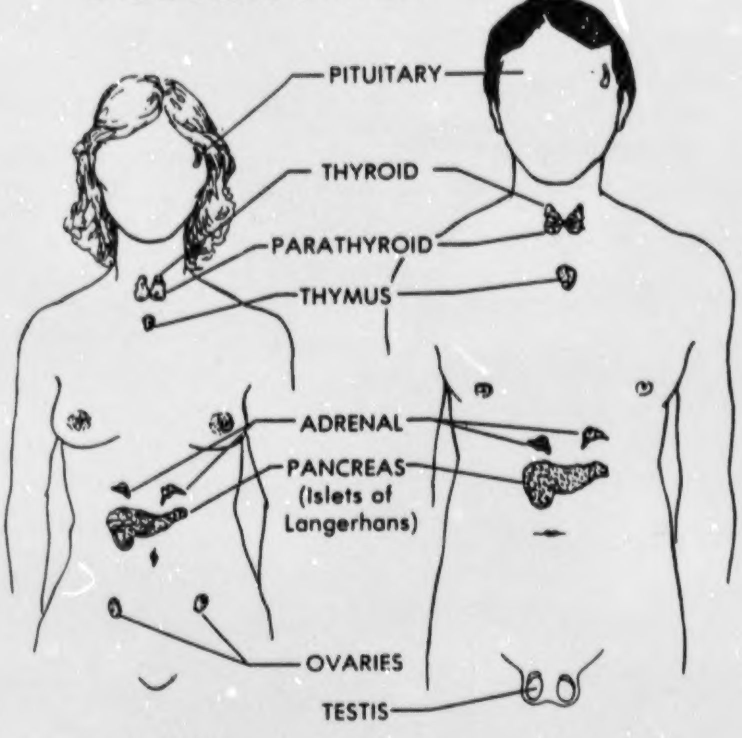

LYMPH NODES AND VESSELS OF THE HEAD AND BODY
occipital lymph nodes
cervical lymph nodes
mandibular lymph nodes
parotid lymph glands


right subclavian vein
left subclavian vein
axillary lymph nodes
thoracic duct
right lymphatic duct
mesenteric lymph nodes
mammary lymph vessels
cisterna chyli
cubital lymph nodes
lumbar lymph nodes
iliac lymph nodes
femoral vessels
iliac vessels
popliteal lymph nodes
inguinal lymph nodes
tibial lymph vessels

FUNCTIONS OF
THE LYMPHATIC SYSTEM

1. PRODUCES ANTIBODIES
2. MANUFACTURES (LYMPHOCYTES) WHITE BLOOD CELLS
3. FILTERS IMPURITIES SUCH AS DEAD CELLS

ENDOCRINE SYSTEM


PITUITARY
THYROID
PARATHYROID
THYMUS
ADRENAL
PANCREAS (Islets of Langerhans)
OVARIES
TESTIS

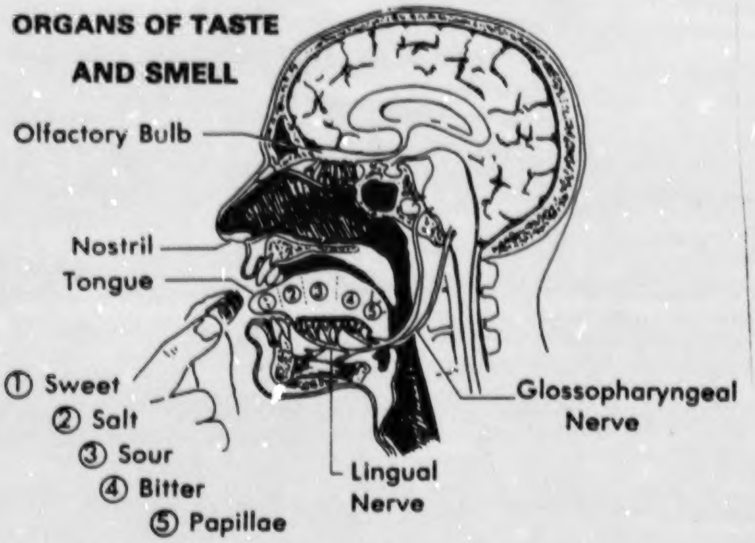
FUNCTION:

SECRETES HORMONES TO REGULATE BODY PROCESSES OF GROWTH AND DEVELOPMENT,

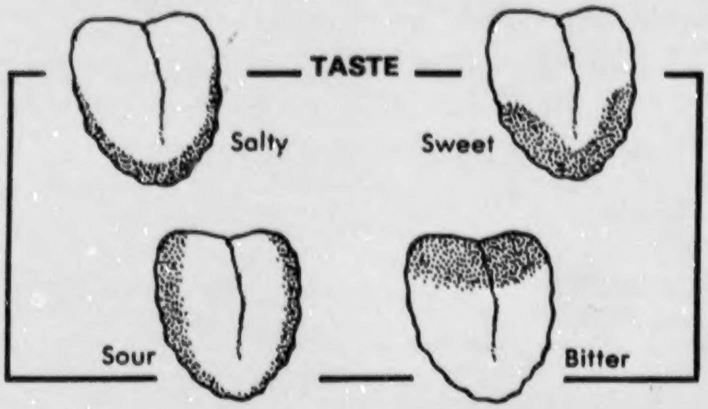
REGULATES BODY FUNCTIONS, METABOLISM AND REPRODUCTION

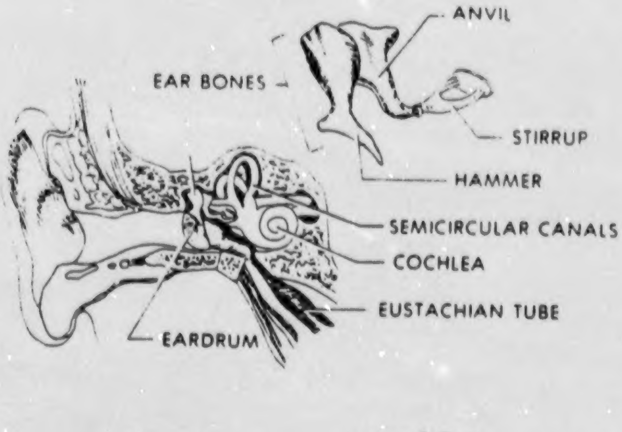
Appendix 6

The Sensory System


ORGANS OF TASTE AND SMELL

Olfactory Bulb
Nostril
Tongue
① Sweet
② Salt
③ Sour
④ Bitter
⑤ Papillae
Lingual Nerve
Glossopharyngeal Nerve


TASTE
Salty
Sweet
Sour
Bitter

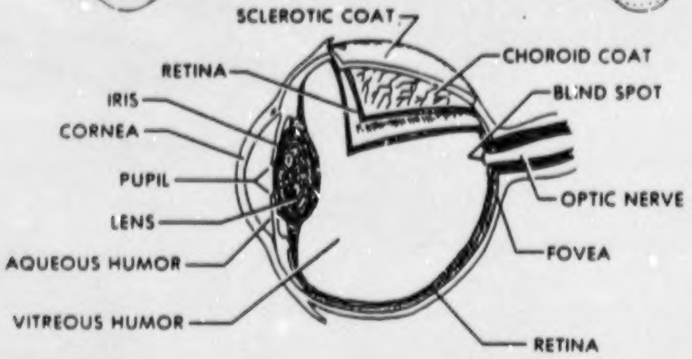

ANVIL
EAR BONES
STIRRUP
HAMMER
SEMICIRCULAR CANALS
COCHLEA
EUSTACHIAN TUBE
EARDRUM

Appendix A

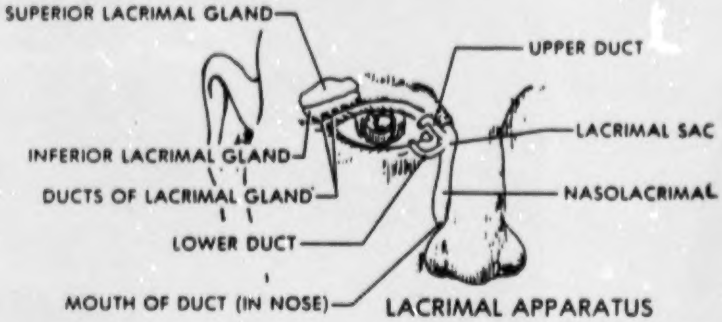
NEAR SIGHTED

The Sensory System

FAR SIGHTED


SCLEROTIC COAT
RETINA
CHOROID COAT
BLIND SPOT
IRIS
CORNEA
PUPIL
OPTIC NERVE
LENS
AQUEOUS HUMOR
FOVEA
VITREOUS HUMOR
RETINA

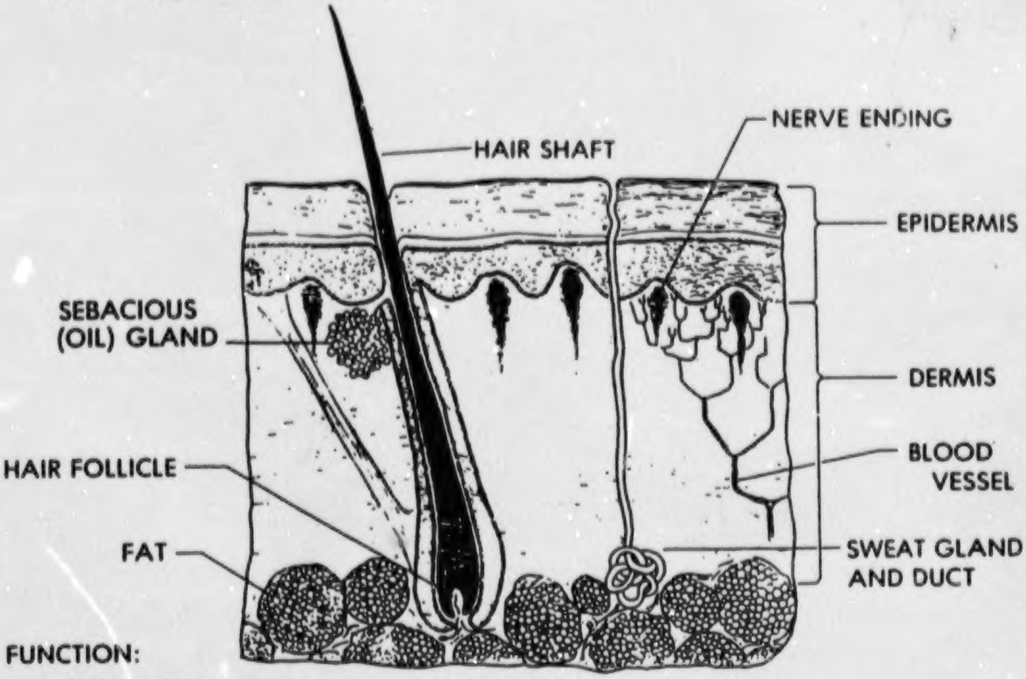
EYE STRUCTURE - THE ORGAN OF SIGHT


SUPERIOR LACRIMAL GLAND
UPPER DUCT
LACRIMAL SAC
INFERIOR LACRIMAL GLAND
DUCTS OF LACRIMAL GLAND
NASOLACRIMAL
LOWER DUCT
MOUTH OF DUCT (IN NOSE)

LACRIMAL APPARATUS

FUNCTIONS OF THE SENSORY SYSTEM:

1. VISION
2. HEARING
3. BALANCE
4. SMELL
5. TASTE
6. TOUCH
   (See Integumentary System)


NERVE ENDING
HAIR SHAFT
EPIDERMIS
SEBACIOUS (OIL) GLAND
DERMIS
BLOOD VESSEL
HAIR FOLLICLE
FAT
SWEAT GLAND AND DUCT

FUNCTION:

PROTECTS THE BODY
REGULATES TEMPERATURE
DISCHARGES WASTE
MANUFACTURES VITAMIN D

MAJOR ORGAN: SKIN

INTEGUMENTARY SYSTEM

BEST COPY AVAILABLE